

## ADMINISTRATIVE INDICATORS & GUIDANCE

### Review Year July 2010 through June 2011

The Guidance is provided as a resource to assist agencies with understanding Key Indicators. The Guidance is not intended to be, nor should be, considered as the ultimate defining resource. It should be, as inferred by its title, a GUIDANCE designed to assist. State and Federal standards including policies and procedures are the ultimate resources for establishing the requirements for an Indicator.

A1	Administrative Issues	Guidance
A1-01	For those for whom outlier status has been approved due to the need for enhanced staff support, the Board / Provider provides the additional support as outlined in the approved request	<p>250-11-DD requires that residential service providers must retain staff schedules that document the increased level of supervision is being provided.</p> <p>Using the staffing schedule submitted by the provider and approved by SCDDSN, review the documentation that certifies that the enhanced staff support was provided (100% sample for the last quarter of the year in review) and compare with actual time sheets (showing hours actually worked) to determine if the enhanced staff support was provided.</p> <p>Source: MOA DDSN/HHS, 250-11DD (3/31/09)</p>
A1-02	For those for whom outlier status has been approved due to the need for 1:1 staff support, the Board / Provider provides the additional support as outlined in the approved request	<p>At the end of each shift that 1:1 Supervision was provided the direct care staff assigned to provide the 1:1 supervision must document that the 1:1 supervision was provided.</p> <p>Reviewers: Using the staff schedule submitted by the provider and approved by SCDDSN, review the documentation that certifies that the 1:1 supervision was provided (100% sample for the last quarter of the year in review) and compare with actual time sheets (showing hours actually worked) to determine if the 1:1 staff was provided.</p> <p>Source: MOA DDSN/DHHS, 250-11DD (3/31/09)</p>
A1-03	The Board / Provider has a Human Rights Committee that is composed of a minimum of 5 members and includes representation from a family member of a person receiving services, a person representing those receiving services or a self-advocate nominated by the local self-advocacy group, and a representative of the community with expertise or a demonstrated interest in the care and treatment of persons (employees or former employees must not be appointed)	<p>Review Board / Provider Policy regarding the Human Rights Committee. Review membership of the Board / Provider's Human Rights Committee to ensure that membership consists of the required persons and that none are employees or former employees. Membership should reflect cultural, racial, and disabilities diversity. Exceptions to the minimum and composition must be approved by the Associate State Director, Policy.</p> <p>Note: South Carolina Code Ann. 44-26-70 (Supp. 2007) requires that each DDSN Regional Center and DSN Board establish a Human Rights Committee. Contract service providers may either use the Human Rights Committee of the local DSN Board or establish their own Committee. Contract providers must have formal documentation of this relationship.</p> <p>*Apply the Admin. Indicators regarding Human Rights Committee and Risk Management to all Providers</p> <p>Source: South Carolina Code Ann. 44-26-70 (Supp. 2007) and 535-02-DD Supports CQL Basic Assurances Factor 1, Shared Values Factor 2</p>

A1-04	The Human Rights Committee will provide review of Board / Provider practices to assure that consumer rights are protected	<p>Review Board / Provider HRC policy to assure that its defined role and responsibilities are consistent with those set forth in DDSN policy 535-02-DD.</p> <p>Review Board / Provider HRC meeting minutes (100% sample) to determine if the HRC is fulfilling the role and responsibilities as set forth in its policy.</p> <p>Review Board/ Provider HRC meeting minutes/training records (100% sample) to determine if the HRC members have received training as described in DDSN policy 535-02-DD.</p> <p>Note: Effective 6/30/08 the person must be invited to attend HRC meetings when those meetings concern their care/treatment.</p> <p>*Apply the Admin. Indicators regarding Human Rights Committee and Risk Management to all Providers</p> <p>Source: 535-02-DD</p> <p>Supports CQL Basic Assurances Factor 1, Shared Values Factor 2</p>
A1-05	The Board / Provider employ Service Coordination and/ or Early Intervention Staff who meet the minimum requirements for the position	<p>Review all Service Coordinators hired during the review period, all SC Assistants, 25% or 5 experienced Service Coordinators (hired prior to review period) and all Service Coordinator Supervisors. Determine from personnel records if the minimum requirements for employment were met or if an exception to the requirement was granted by SCDDSN. Refer to SCDDSN Service Coordination Standards for educational and vocational requirements.</p> <p>Source: DDSN Service Coordination Standards</p> <p>Review all EI's hired during the review period, 25% or 5 experienced EI's (hired prior to review period) and all EI Supervisors. Determine from personnel records if the minimum requirements for employment were met or if an exception to the requirement was granted by SCDDSN. See Early Intervention Standards for educational, vocational and credentialing requirements.</p> <p>Source: EI Manual</p>
A1-06	The Board / Provider employ Day Services and Residential staff who meet the minimum requirements for the position	<p>Review personnel files for the last 5 currently employed staff in Day Services and Residential Services (if both services are offered, a total of 10 files will be reviewed).</p> <p>1) Each program will designate a Program Director who meets the following minimal qualifications:</p> <ul style="list-style-type: none"> <li>a. Is at least twenty-one years old.</li> <li>b. Have a four-year, baccalaureate degree from an accredited college or university in the human services or related field and two year's experience in administration or supervision in the human services field or have a master's degree from an accredited college or university in the human services or related field and one year's experience in administration or supervision in the human services</li> <li>c. Have references from past employment.</li> </ul> <p>2) Each program will employ direct care staff members who meet the following qualifications:</p> <ul style="list-style-type: none"> <li>a. Is at least eighteen years old.</li> <li>b. Have a valid high school diploma or its certified equivalent.</li> <li>c. Have references from past employment if the person has a work</li> </ul>

		<p>history.</p> <p>3) Staff must meet requirements for criminal background checks. Checks should be done in accordance with South Carolina Code Annotated §44-7-2910 (Supp 2007), No support provider may be employed who has been convicted, pled guilty or nolo contendere to:</p> <ol style="list-style-type: none"> <li>1. Abuse, neglect or mistreatment of a consumer in any health care setting;</li> <li>2. An "Offense Against the Person" as provided for in Chapter 3, Title 16;</li> <li>3. An "Offense Against Morality or Decency" as provided for in Chapter 15, Title 16;</li> <li>4. Contributing to the delinquency of a minor as provided for in Section 16-17-490</li> <li>5. The common law offense of assault and battery of a high and aggravated nature;</li> <li>6. Criminal domestic violence, as defined in Section 16-25-20</li> <li>7. A felony drug-related offense under the laws of this state; and</li> <li>8. A person who has been convicted of a criminal offense similar in nature to a crime previously enumerated when the crime was committed in another jurisdiction or under federal law; has a substantiated history of child abuse and/or neglect and/or convictions of those crimes listed in SC Code 20-7-1642 and/or is listed on the SC Sex Offender Registry</li> </ol> <p>4) Staff must pass an initial physical exam prior to working in the program. Pass = No documentation in the physical exam report of conditions present that would jeopardize health and safety of people receiving services or staff's ability to perform required duties.</p> <p>5) Staff must pass initial tuberculosis screening prior to working in the program and annually thereafter. Pass = no evidence of communicable disease. Meet requirements of 603-06-DD</p> <p>Source: Residential and Day Services Standards</p>
A1-07	Service Coordination and Early Intervention staff receive training as required	<p>Review personnel files to determine if training occurred as required. Review all Service Coordinators hired during the review period, all SC Assistants, 25% or 5 experienced Service Coordinators (hired prior to review period) and all Service Coordinator Supervisors. Refer to Service Coordination Standards and SCDDSN Policy 534-02-DD regarding staff training related to abuse, neglect and exploitation and SCDDSN Policy 567-01-DD regarding HIPPA Training. Service Coordination staff must be provided training and must demonstrate competency in the following topic areas: SCDDSN Service Coordination Standards, SCDDSN policies and procedures applicable to Service Coordination, Rights, Local, State, and Community Resources, Access to and use of CDSS/STS, Nature of MR/RD, Autism, traumatic brain injury, spinal cord injury and similar disability (as appropriate), Abuse and Neglect, and Confidentiality. After the first year of employment, all Service Coordination staff must receive a minimum of 12 hours of training annually on topics related to the provision of Service Coordination services and must include training on Abuse and Neglect and Confidentiality.</p> <p>Source: DDSN Service Coordination Standards Supports CQL Shared Values Factors 8 &amp; 10</p> <p>Review personnel files to determine if training occurred as required. Review all EIs hired during the review period, 25% or 5 experienced EI's (hired prior to review period) and all EI Supervisors to ensure that they received initial and ongoing training as documented in their personnel file or records maintained by the EI Supervisor. Staff must comply with SCDDSN Policy 534-02-DD regarding staff training related to abuse, neglect and exploitation.</p>

		Source: EI Manual Supports CQL Shared Values Factors 8 & 10
A1-08	Day Services and Residential Services staff receive training as required	<p>Review personnel files for the last 5 currently employed staff in Day Services and Residential Services (if both services are offered, a total of 10 files will be reviewed).</p> <p>Staff must be trained and be deemed competent in accordance with Department Directive 567-01-DD. There will be a staff development / in-service education program operable in each provider agency which requires all staff to participate in in-service education programs and staff development opportunities. From 567-01-DD: Staff must periodically be required to demonstrate continuing competency on the most critical information and skills taught in the curriculum. Providers have wide latitude in designing the format of such rechecks. Encouraging staff commitment to continuing personal and professional development will expand the capacity to provide quality service and supports. Staff should routinely be exposed to information regarding training resources and opportunities. Supervisors should be working with staff to identify annual personal and professional goals.</p> <p>At a minimum, the provider must document initial employee training. Annually, the provider must document training in the areas of Prevention of Abuse, Neglect and Exploitation, Consumer Confidentiality, Disaster Preparedness, CPR, and an approved behavior supports/ crisis management curriculum, plus a minimum of 10 hours of additional training.</p> <p>Source: Residential and Day Services Standards</p>
A1-09	Board / Provider implements a risk management and quality assurance program consistent with 100-26-DD and 100-28-DD	<p>Board / Provider demonstrates implementation of risk management/quality assurance principles by:</p> <ul style="list-style-type: none"> <li>• designated risk manager and a risk management committee;</li> <li>• written policies/procedures used to collect, analyze and act on risk data</li> <li>• documentation of remediation taken</li> <li>• correlating risk management activities with quality assurance activities.</li> </ul> <p>*Apply the Admin. Indicators regarding Human Rights Committee and Risk Management to all Providers</p> <p>Source: 100-26-DD and 100-28-DD Supports CQL Basic Assurances Factors 6 &amp; 10</p>
A1-10	Board / Provider follows SCDDSN procedures regarding preventing, reporting and responding to abuse / neglect / exploitation as outlined in 534-02-DD	<p>Board / Provider demonstrates usage of the most current abuse/neglect/exploitation county profile data report to:</p> <ul style="list-style-type: none"> <li>• evaluate provider specific trends over time</li> <li>• evaluate/explain why the provider specific ANE rate is over, under or at the statewide average</li> <li>• demonstrate systemic actions to prevent future abuse/neglect/exploitation</li> </ul> <p>Source: 534-02-DD Supports CQL Basic Assurances Factors 4, 6, &amp; 10</p>
A1-11	Board / Provider follows SCDDSN procedures regarding preventing, reporting and responding to critical incidents as outlined in 100-09-DD	<p>Board / Provider demonstrates usage of the most current critical incident county profile data report to:</p> <ul style="list-style-type: none"> <li>• evaluate provider specific trends over time</li> <li>• evaluate/explain why the provider specific CI rate is over, under or at the statewide average</li> <li>• demonstrate systemic actions, as applicable, to prevent future incidents</li> </ul> <p>Source: 100-09-DD Supports CQL Basic Assurances Factors 4, 5, 6, &amp; 10</p>

A1-12	Board / Provider follows SCDDSN procedures regarding death or impending death as outlined in 505-02-DD	<p>Board / Provider demonstrates usage of the most current death county profile data report to:</p> <ul style="list-style-type: none"> <li>• evaluate provider specific trends over time</li> <li>• evaluate/explain why the provider specific death rate is over, under or at the statewide average</li> <li>• demonstrate systemic actions, as applicable, to prevent future occurrences</li> </ul> <p>Source: 505-02-DD Supports CQL Basic Assurances Factor 10 and Shared Values Factor 10</p>
A1-13	The Board / Provider follows SCDDSN procedures regarding Medication Error/ Event Reporting, as outlined in 100-29-DD	<p>Determine if the Board / Provider has developed an internal database to record, track, analyze, and trend medication errors or events associated with the administration of medication errors.</p> <p>Proactive analysis of trends should be coupled with appropriate corrective actions. These actions may include, but are not limited to, additional training (including medication technician certification), changes in procedure, securing additional technical assistance from a consulting pharmacist or other medical professional, and improving levels of supervision. If medication errors have been recorded, but not analyzed, the standard has not been met.</p> <p>Source: 100-29-DD Supports CQL Basic Assurances Factor 5</p>

A1-14	Upper level management staff of the Board / Provider conduct quarterly unannounced visits to all residential settings to assure sufficient staffing and supervision are provided. SLP II should include visits to all apartments	<p>When a residential setting does not utilize a shift model for staffing (e.g. CTH I and SLPI) visits need only to be conducted quarterly. Managers should not visit homes they supervise, but should visit homes managed by their peers. Senior management may visit any/all of the homes. Documentation of the visit must include the date and time of the visit, the names of the staff/caregivers and residents present, notation of any concerns and actions taken in response to noted concerns. Please note: It is not necessary to visit individual SLP II apartments during 3<sup>rd</sup> shift, although 3<sup>rd</sup> shift checks to the complex/staff review are still required.</p> <p>*Quarterly = 4 times per year with no more that 4 months between visits.</p> <p>Source: Contract...Capitated Model Article III Supports CQL Basic Assurances Factor 10</p>
A1-15	Board / Provider keep service recipients' records secure and information confidential	<p>Determine if records are maintained in secure locations. Look for evidence that confidential information is kept confidential. Consider the following:</p> <ul style="list-style-type: none"> <li>• Are any records in public areas or in areas that are not secure including lying on desks in empty offices, etc?</li> <li>• Is personal information in conspicuous locations or posted in common areas?</li> <li>• Is information about one person found in another person's file? (Cite only if two or more occurrences)</li> <li>• Are records/information provided or released without consent including by the phone?</li> <li>• Are computers and fax machines in easily accessible public areas with incoming/outgoing information left on/around the machine?</li> <li>• Are staff heard discussing information about clients in restrooms, hallways, etc. in a manner that clearly identifies the person about whom they are speaking?</li> </ul> <p>Source: 167-06-DD</p>
A1-16	<p>For persons who receive Individual Rehabilitation Supports, Lead Clinical Staff attends and chairs a staff meeting at least monthly during which administrative and consumer treatment issues are considered</p> <p>*HASCI Only</p>	<p>Review documentation to determine if staff meetings were held at least monthly and were attended by the LSS. Documentation of the meeting is to reflect:</p> <ul style="list-style-type: none"> <li>• Topics reviewed</li> <li>• Actions/Recommendations; or statement that actions/recommendations are not needed.</li> <li>• Date of meeting; and</li> <li>• List of participants.</li> </ul> <p>Documentation of the meeting is to be identified as "Monthly Administrative Review" and maintained in the Administrative Day record. If not met, document review period dates and date range out of compliance*</p> <p>Source: Rehabilitation Supports Manual</p>
A1-17	Board / Provider conducts all residential admissions / discharges in accordance with 502-01-DD	<p>Review all "Community Residential Admissions/Discharge Reports" submitted to DDSN. Review relevant supporting documentation to assure all of the admissions / discharge criteria stipulated in 502-01-DD were met. Compare "Community Residential Admissions / Discharge Reports" against relevant CDSS/STS data to assure actual admissions / discharges and transfers do not occur prior to DDSN approval (District Office and Central Office).</p> <p>Also, verify that the home is properly licensed for the number of people intended to live there, including the new admission, on the admission date.</p> <p>Source: 502-01-DD</p>

A1-18	Annually, employees are made aware of the False Claims Recovery Act, that the Federal government can impose a penalty for false claims, that abuse of the Medicaid Program can be reported and that reporters are covered by Whistleblowers' laws	Review the annual statement that all employees sign concerning fraud, abuse, neglect, and exploitation of consumers to determine if it also contains a statement that (1) the employee is aware of the False Claims Act and that the Federal Government can impose a penalty on any person who submits a false claim to the federal government that he/she knows or should know is false; (2) they are aware that they can report abuse of the Medicaid program; and, (3) they are protected by "Whistleblower Laws."  Source: Contract for ... Capitated Model and Source: Contract for ... Non-Capitated Model
A1-19	Service Coordination providers must have a system that allows access to assistance 24 hours daily, 7 days a week	Test the system by making calls before/after normal business hours.

<b>A2</b>	<b>Fiscal Issues</b>	<b>Guidance</b>
A2-01	The Governing Board approves the annual budget and Comprehensive Financial Reports are presented at least quarterly to the Governing Board with a comparison to the approved budget	Review Governing Board Minutes for evidence that the Board approves the annual budget and reviews Financial Reports at least on a quarterly basis.  Source: Contract for ...Capitated Model and Contract for Non-Capitated Model Supports CQL Basic Assurances Factor 10
A2-02	Annual Audit Report is presented to Governing Board once a year and includes the written management letter  *Board Providers Only	Review Governing Board minutes to determine if the final annual audit report and any management letter comments are presented by the external auditor or CPA to the Governing Board.  Source: 275-04-DD Supports CQL Basic Assurances Factor 10
A2-03	The person's financial responsibility is made known to them by the Board / Provider  *All Residential Providers	Determine that a Statement of Financial Rights exists and was completed when the person was admitted to the residential program. This form should be signed by the person or his/her parent, guardian, or responsible party.



## GENERAL AGENCY INDICATORS & GUIDANCE

### Review Year July 2010 through June 2011

The Guidance is provided as a resource to assist agencies with understanding Key Indicators. The Guidance is not intended to be, nor should be, considered as the ultimate defining resource. It should be, as inferred by its title, a GUIDANCE designed to assist. State and Federal standards including policies and procedures are the ultimate resources for establishing the requirements for an Indicator.

G1	Service Coordination Support Plan	Guidance
G1-01 R	The Plan is developed by the Service Coordinator within 365 days	<p><b>Review current Plan. A current Plan must be present. A current Plan is defined as one completed within the last 365 days. When there is a leap year, the plan date would be calculated accordingly to ensure the plan is developed and signed within 365 days.</b></p> <p><b>Except for those transferring from an ICF/MR, Plans must be entered into the Consumer Data and Support System (CDSS) using the Consumer Assessment and Planning (CAP) module unless otherwise approved by the SCDDSN Director of Service Coordination.</b></p> <p><b>For those receiving Level 1 Service Coordination, a plan must be completed on CDSS:</b></p> <ul style="list-style-type: none"> <li>• <b>By the 45th calendar day following the determination of eligibility for SCDDSN services</b></li> <li>• <b>Within 365 days of the last plan</b></li> <li>• <b>By the 45th day of being transferred from Level II Service Coordination</b></li> <li>• <b>By the 45th day of being transferred from Early Intervention</b></li> <li>• <b>Before Waiver Services are authorized/provided.</b></li> </ul> <p><b>Source: Support Plan Instructions and the Service Coordination Standards.</b></p>
G1-02	The Plan is entered into CDSS within 10 business days of the Plan date	The Plan implementation date is the date of the Plan meeting (if a Plan meeting is held), or the date the Service Coordinator completes the Plan (if a meeting is not held). A service note should be present which gives the Plan date or information supporting the Plan date (such as a Plan meeting that was held).
G1-03	Needs in the Plan are justified by formal or informal assessment information in the record	<p>Review the Service Coordination record to determine if formal or informal assessment information is available to justify the “need” noted on the Plan for which interventions are being implemented. The assessment information (formal or informal) must be current and accurate. Formal and/or informal assessments may include information provided by the person and/or his/her caregivers about the person’s current situation, medical status, school records or other formalized assessment tools.</p> <p>At the time of annual planning, the <i>SCDDSN Service Coordination Annual Assessment</i> will be used to identify needs and justify services/interventions reflected in the Support Plan. The <i>SCDDSN Service Coordination Annual Assessment</i> (SCAA) must be completed on the CAP module of CDSS unless otherwise approved by SCDDSN. Information from providers currently providing services should be considered in planning. The record should reflect attempts to secure information from all current service providers. Attempts should be made in sufficient time prior to planning so that information can be secured. If the person is enrolled in the Waiver, then formal or informal assessments and recommendations for all Waiver services will be present.</p>

		<p>Needs assessment during the course of the year <i>outside</i> of annual planning will be documented in the service notes.</p> <p>Source: "Guidelines on How to Complete the SCDDSN Annual Service Coordination Assessment", Support Plan Instructions, Service Coordination Standards and Waiver Manuals for further details pertaining to needs assessment.</p>
G1-04	Services/ Interventions are appropriate to meet assessed needs	<p>Interventions are identified to address assessed "needs".</p> <p>Interventions must have a logical connection to the need.</p> <p>Source: "<i>Guidelines for Completion of the SCDDSN Service Coordination Annual Assessment</i>" for defined resources and the Service Coordination Standards glossaries. Also, reference Service Coordination Standards and Waiver Manuals.</p>
G1-05	The Plan identifies appropriate funding sources for services/interventions	<p>Appropriate funding sources are identified for every service/intervention. Review the person's "current resources" identified in the SCDDSN Service Coordination Annual Assessment (or the service notes when needs assessment occurs outside of planning and resources have changed from those noted on the Plan) to determine what resources the person has. Compare the person's resources to the services/interventions noted on the Plan to determine if the appropriate funding source is listed for the service/intervention to be/being provided.</p> <p>Source: "<i>Guidelines for Completion of the SCDDSN Service Coordination Annual Assessment</i>" for defined resources and the Service Coordination Standards glossaries. Also, reference Service Coordination Standards and Waiver Manuals.</p>
G1-06	The Plan is amended / updated as needed	<p>Review all plans and service notes in effect during the review period to determine if:</p> <ol style="list-style-type: none"> <li>updates are made when new service needs or interventions are identified,</li> <li>there have been significant changes in the person's life,</li> <li>a service is determined to not be effective,</li> <li>a need/s has/have been met,</li> <li>the person is not satisfied.</li> </ol> <p>When any part of the "Needs/Interventions" section (Section D) of the plan is no longer current, an amendment/update must be completed using the CAP module of CDSS. It is acceptable to have a brief service note provided the change/update is explained in detail on the "needs change" form printed from the CAP module of CDSS for the file. For new needs identified during the course of the year, needs assessment and identification of the need will be in the service notes and, if applicable, a new "needs/interventions" page will be added to the plan using the CAP module of CDSS. Plan must be current at all times.</p> <p>Source: Support Plan Instructions, Service Coordination Standards and Waiver Manuals.</p> <p>Supports CQL Shared Values Factor 8</p>
G1-07	The Plan is monitored at least quarterly (Quarterly Plan Review)	<ol style="list-style-type: none"> <li>Review all Plans to determine if all needs and interventions were monitored and documented as often as needed, but at least quarterly.</li> <li>Ensure that needs and interventions were implemented as prescribed in the Plan.</li> </ol> <p>Monitoring is completed on the CAP module of CDSS. Include all of the necessary components of monitoring.</p> <p>Refer to Service Coordination Standards and Support Plan Instruction</p>

G2	Service Coordination	Guidance
G2-01 W	Face-to-face contacts occur as required	<p>Review service notes in the Service Coordination record to determine if the person received face-to-face-contact at least once per Plan year during each 365-day period. A core job function must occur during face-to-face visits.</p> <p>This indicator is out of compliance if contact was not with the person.</p> <p>Source: Service Coordination Standards</p>
G2-02 W	If determined eligible for DDSN services after 9/2001, an eligibility correspondence from the CAT is on file	<p>Review the Service Coordination record for SCDDSN Eligibility Determination Correspondence (correspondence from the Consumer Assessment Team regarding the person's eligibility. If prior to 9/01, information may not be available from the Consumer Assessment Team; therefore, absence of eligibility information prior to 9/01 should not be held against the provider.</p> <p>Source: Service Coordination Standards</p>
G2-03	A valid Service Agreement is present and signed as appropriate	<p>A valid Service Agreement (review most recently completed Service Agreement to assure that it is dated and signed.) For children and for adult's adjudicated incompetent, the current legal guardian (if applicable) must sign the form. For those 18 years and older or those with a name change, a new Service Agreement should be signed by the person. The most current Service Agreement that is signed and dated by the appropriate party must be filed in the primary case record. Score "Not Met" if there is not a Service Agreement in the primary case record and/or it is not signed and dated by the appropriate party. If a person is unable to sign but can make their "mark", the mark must be witnessed. If a person is unable to sign or make their mark on the Service Agreement, there will be an explanation on the form and supporting documentation in the file.</p> <p>Source: Service Coordination Standards</p>
G2-04	Upon notification of an identified health care need, the Service Coordinator has provided information for, offered choice of and monitored a person's access to health care services/providers (inclusive of primary health care provider / physician) when health care needs are identified	<p>As needs are identified for health care, the person's options for health care and choice of health care providers were discussed to make sure the person has accessed health care to address needs. The record clearly reflects the person/legal guardian's (if legal guardian is applicable) decision not to have a primary physician, or if the record reflects the person has a primary physician and is satisfied with his/her physician, the record does not have to show that the Service Coordinator provided information for and offered choice of primary healthcare services/providers. All persons must have a choice of physician/specialist for healthcare needs even if the Board / Provider contracts with a physician unless there are no other physicians in the area.</p> <p>Medical records/reports can serve as a form of assessment provided the Service Coordinator has addressed all recommendations from those reports and by providing information (understanding of options of care and choice of providers) and monitoring access of healthcare services as a result of the recommendations.</p> <p>NOTE: Where there is no reasonable choice available due to the presence of only one qualifying physician within a reasonable distance, this item should be scored "Met" reflecting compliance provided that this is documented in the record.</p> <p>Source: Service Coordination Standards Supports CQL Basic Assurances Factors 5 &amp; 9, Shared Values Factor 3</p>
G2-05	The person/legal guardian (if applicable) will receive information on abuse and neglect annually	<p>Check the record for documentation that information was provided to person/legal guardian. This may be found in service notes or as a form letter in the record. Information must define what abuse and neglect is and how to report.</p> <p>Source: Service Coordination Standards; CQL Basic Assurances 1, 2, 4,10</p>

G3	Employment / Day Services	Guidance
G3-01	A comprehensive assessment that is appropriate for the service(s) authorized is completed within 30 days of admission / enrollment in the service and at least annually thereafter	<ul style="list-style-type: none"> <li>• A comprehensive Service Assessment will be specific to the authorized service</li> <li>• The service assessment will be dated within 30 calendar days of acceptance into the service.</li> <li>• A new assessment will be administered annually</li> <li>• Results of the current assessment will be located within the consumer's file</li> </ul> <p>Source: Day Services Standards Supports CQL Basic Assurances Factors 2, 8, 9, &amp; 10, Shared Values Factors 1, 3, &amp; 8</p>
G3-02	Based on the results of the service assessment, within 30 calendar days of admission and annually thereafter, a plan of service is developed	<ul style="list-style-type: none"> <li>• A Plan of Service must be completed within 30 calendar days of admission to the service</li> <li>• The plan must include (in accordance with the Standards): <ul style="list-style-type: none"> <li>○ Emergency Information</li> <li>○ Supervision Strategy</li> <li>○ Medical Information</li> <li>○ Goals and Objectives</li> <li>○ Additional support information as needed</li> </ul> </li> <li>• Once developed, the plan must be implemented immediately</li> <li>• At a minimum, a new plan of service must be completed every 12 months</li> <li>• <b>Support Center Service</b> Plan will consist of the type of care and supervision to be provided, the type and frequency of supervision and the kinds of activities in which the person is interested and prefers to participate</li> </ul> <p>Source: Day Services Standards Directive 510-01 DD Supports CQL Basic Assurances Factors 2, 8, 9, &amp; 10, Shared Values Factors 1, 3, &amp; 8</p>
G3-03	The Plan of Service must include a description of the interventions to be provided including goals as outlined in the Day Services Standards, identified from the assessment, and in accordance with the definition of the authorized service. <b>Support Center Services excluded</b>	<ul style="list-style-type: none"> <li>• Goals must be directly linked to the identified needs and preferences from the assessment.</li> <li>• Goals are appropriate for the authorized service</li> <li>• Goals are broad generalized statements about what is to be learned</li> </ul> <p>Source: Day Services Standards Supports CQL Basic Assurances Factors 2, 8, 9, &amp; 10, Shared Values Factors 1, 3, &amp; 8</p>
G3-04	The Plan of Service must include a description of the instructional objectives, which will be specific, measurable, short-term, observable behaviors intended to reach the individual's goals. <b>Support Center Services excluded</b>	<ul style="list-style-type: none"> <li>• Objectives will be: <ul style="list-style-type: none"> <li>○ Short term and measurable</li> <li>○ A foundation to build training and skills activities to reach the individual's goals.</li> </ul> </li> </ul>

G3-05	Activities that support and assist in the accomplishment of the selected goals and objectives must be documented daily on the Monthly Data Recording Sheet. <b>Support Center Services Excluded</b>	<ul style="list-style-type: none"> <li>• These daily documentation activities more specifically document the activities in which the individual will be participating on a daily basis.</li> <li>• These daily activities support the success of and/or the progress of the goals and objectives that were identified from the Service Assessment</li> </ul> <p>Source: Day Services Standards</p>
G3-06	Data must be collected as specified in the Monthly Data Recording Sheet and must be sufficient to support the implementation of the plan for each unit of service reported. <b>Support Center Services Excluded</b>	<ul style="list-style-type: none"> <li>• Data must be sufficient to measure progress toward attainment of the goal</li> <li>• See Monthly Data Recording Sheet and review completion according to instructions</li> <li>• Each unit of service requires a separate Monthly Data Recording Sheet</li> </ul> <p>Source: Day Services Standards</p>
G3-07	Data must be collected for Support Center Service and confirms services were provided in accordance with the Support Center Plan of Service	<ul style="list-style-type: none"> <li>• No training data is required</li> <li>• Monthly monitoring consists of documentation of the care, supervision, and activities participated in, and are in accordance with the Plan of Service.</li> </ul> <p>Source: Day Services Standards</p>
G3-08	When no progress has been identified over a 2 month period as indicated on the Monthly Data Recording Sheet, documentation is required in the "Review of No Progress Documentation" Section. <b>Support Center excluded</b>	<ul style="list-style-type: none"> <li>• Document the identification of possible causes of no progress for the month.</li> <li>• Indicate if interventions may need changing</li> <li>• Compare with several past month summary of progress to determine appropriate action</li> </ul> <p>Source: Day Services Standards</p>
G3-09	At least monthly, the Plan of Service is monitored by the Program Director or his/her designee to determine effectiveness of the plan and that timely amendments are made to support interventions identified within the plan	<ul style="list-style-type: none"> <li>• Monthly Monitoring of the plan is documented with a signature of the Day Director or designee on the Monthly Data Recording sheet, page 1, indicating that the plan has been monitored and is appropriate to assist the individual to be successful within the service.</li> <li>• Amendments to the plan are required, as outlined in the Service Standard, when there are changes to the plan</li> <li>• When an amendment form is necessary, it must be filed with the Plan of Service.</li> </ul> <p>Source: Day Services Standards</p>

G4	Employment- Individual Placement	Guidance
G4-01	A comprehensive vocational service assessment that is appropriate for the authorized service is completed within 30 calendar days of admission/enrollment in the service	<ul style="list-style-type: none"> <li>• A comprehensive service assessment will be appropriate for the authorized service.</li> <li>• The service assessment will be completed within 30 calendar days of acceptance into the service.</li> <li>• Annual assessment is not required.</li> </ul> <p>Source: Employment Services Standards</p>
G4-02	An individual plan of employment is developed within 30 calendar days of admission/enrollment	<ul style="list-style-type: none"> <li>• The individual plan of employment must contain the same information as the Individual Plan of Supported Employment (IPSE)</li> <li>• The record must reflect that the individual participated in decisions regarding his/her services as evidenced by required signatures in the individual plan of employment as in Section 4, Terms and Conditions of the IPSE.</li> <li>• The individual plan of employment is not an annual plan.</li> </ul> <p>Source: Employment Services Standards</p>
G4-03	The record will contain notations that show evidence of monitoring and evaluation of progress	<ul style="list-style-type: none"> <li>• Documentation, monitoring and evaluating of activities is current and updated.</li> <li>• Documentation includes the date of the activity, the number of hours for each activity and a detailed description of the activity.</li> </ul> <p>Source: Employment Services Standards</p>
G4-04	Individualized, on-the-job instruction and needed and wanted supports are being provided in a nonintrusive method	<ul style="list-style-type: none"> <li>• A record of an employment training plan including interventions (training objectives) and evaluations is documented to support individualized instruction on the job</li> </ul> <p>Source: Employment Services Standards</p>
G4-05	Long-term support plans are identified in the individual plan of employment and contact with the individual is maintained monthly for a minimum of 6 months	<ul style="list-style-type: none"> <li>• Identify needs, preferences, options and long term support plans. The employment specialist must maintain contact monthly for at least 6 months to determine the long term plan is sufficient and ensure job retention and stability.</li> </ul> <p>Source: Employment Services Standards</p>
G4-06	An exit interview is conducted when a individual no longer needs the service of the Employment Specialist	<ul style="list-style-type: none"> <li>• At a determined point when the consumer becomes stabilized in his/her employment position and long term support needs have been identified or the consumer is terminated voluntarily or involuntarily from services, an exit interview must be conducted prior to termination of Employment Services/Individual Placement.</li> </ul> <p>Source: Employment Services Standards</p>

G5 IRS HASCI ONLY		Guidance
G5-01	The Individual Rehabilitation Support Record contains a Medical Necessity Statement	<p>Each record must contain a Medical Necessity Statement that is signed by a Licensed Practitioner of the Healing Arts (e.g. , physician, licensed psychologist, licensed master social worker, licensed registered nurse with a masters degree in nursing, licensed nurse practitioner, licensed doctor of Osteopath, licensed professional counselor (masters or doctoral level), or licensed family therapist (masters or doctoral level), and is dated prior to the provision of Individual Rehabilitation Support Services.</p> <p>Source: IRS Manual</p>
G5-02	Individual Rehabilitation Supports (IRS) goals and objectives are based on an individual's assessed need and choice, and are developed to enhance the person's capacity for successful community living	<p>Goals and objectives target one of the following areas :</p> <ul style="list-style-type: none"> <li>• Personal care: such as bathing, dressing, grooming, toileting, hygiene, dental care, and treating minor illnesses/wounds.</li> <li>• Cognitive/independent living skills: such as planning, organizing, and strategies to function as independently as possible on a daily basis; can include skills training in areas of memory, concentration, problem-solving, and self determination.</li> <li>• Medication management and symptom reduction: such as taking medications, purchasing/maintaining, storing, and identifying medications and conditions for which it is taken.</li> <li>• Health and nutrition: such as maintaining good health, preventing secondary conditions and following a prescribed diet.</li> <li>• Self-esteem: such as identify own values, needs, interests, and physical limitations, rights, self determination, self advocacy, citizenship.</li> <li>• Coping skills: such as managing stress, managing own behavior.</li> <li>• Personal responsibility and self-direction: such as setting personal or career goals, setting and maintaining a personal schedule, using an alarm.</li> <li>• Social Skills and positive interactions with others: such as communicating with other people, making appropriate comments and asking appropriate questions, maintaining personal space, staying focused on a topic/discussion.</li> <li>• Community living and peer relationships: such as money, financial, home care, safety, and contacting/associating with people in the community.</li> <li>• An assessment is available to indicate the areas of need and includes needs for which training goals and objectives have been implemented.</li> </ul> <p>Source: IRS Manual Supports CQL Basic Assurances Factors 2, 4, 8, 9, &amp; 10, Shared Values Factors 1, 3, &amp; 8</p>
G5-03	Supports within the Plan correspond to the service definition	Service Definition: Rehabilitation Supports - Providing services to develop, retain or restore an optimal level of functioning in one or more of the following areas: Self-Care Skills; Community Living Skills; Psycho-Social Skills; and/or Medication Management/ Symptom Reduction Skills.
G5-04	Individual Rehabilitation Supports record contains a Treatment Plan that is reviewed every 6 months and reformulated annually by the Lead Clinical Staff (LCS) or Life Skills Specialist (LSS)	<p>Annual Treatment Plan is conducted or updated by at least the 365th day after the last review and reviewed by the LCS or LSS within 6 months of the date of the Annual Treatment Plan (regardless of amendments to the treatment plan). During this review the LCS or LSS must evaluate the consumer's Treatment Plan to assess:</p> <ul style="list-style-type: none"> <li>• The continued appropriateness and effectiveness of the goals/objectives identified within the treatment Plan in meeting the needs and goals of the person;</li> <li>• Other issues pertinent to the functioning of the person;</li> <li>• The specific need for the consumer to continue receiving Rehabilitation Support Services.</li> <li>• Documentation of the review must be recorded on the Treatment Plan with a signature.</li> </ul>

		<ul style="list-style-type: none"> <li>• The Treatment Plan must be signed by the person and Lead Clinical staff.</li> <li>• The 6 Month Review must be signed the Lead Clinical staff and dated.</li> </ul> <p>Source: IRS Manual</p>
G5-05	Individual Rehabilitation Supports records contain Progress Summary Notes	<p>The Progress Summary Note consists of the following 2 components:</p> <ul style="list-style-type: none"> <li>• Progress Summary Note (Daily) (IRS Form 4B) - Daily documentation of progress must be recorded on this form.</li> <li>• Progress Summary Note (Monthly Summary) (IRS Form 4C) - A narrative summary of the month's progress, lack of progress, activities of the person and staff, the involvement of the staff in the provision of service and the person's overall status of health and community living skills is recorded on the monthly summary.</li> </ul> <p>Source: IRS Manual Supports CQL Basic Assurances Factors 2, 8, 9, &amp; 10, Shared Values Factors 1, 3, &amp; 8</p>
G5-06	Individual Rehabilitation Supports Progress Summary Notes (Daily, RS form 4B) contain documentation of delivery of service(s)	<p>Review Progress Summary Notes (Daily, RS form 4B) for documentation of delivery of Rehabilitation Support services on the date service(s) were reported.</p> <p>Documentation from the Progress Summary Notes (Daily) should be consistent with monthly Progress Summary Notes and supports the services reported on the Report of Services Form(s) - RS Form 9 (2 of 2).</p> <p>Source: IRS Manual</p>
G5-07	Person's activities are consistent with the person's Treatment Plan	<p>Documentation of the person's activities on the Progress Summary Notes is consistent with the goals and objectives on the person's Treatment Plan. The activities must support the achievement of the objective/goal.</p> <p>Source: IRS Manual Supports CQL Basic Assurances Factors 2, 4, 8, 9, &amp; 10, Shared Values Factors 1, 3, &amp; 8</p>



G6	Residential Services	Guidance
G6-01	<p>The Residential Support Plan must include:</p> <ol style="list-style-type: none"> <li>The type and frequency of care to be provided</li> <li>The type and frequency of supervision to be provided</li> <li>The functional skills training to be provided</li> <li>Any other supports/interventions to be provided</li> <li>Description of how each intervention will be documented</li> </ol>	<p>Score "Met" if,</p> <ul style="list-style-type: none"> <li>There is a residential support plan and</li> <li>The plan is within 365 calendar days old and</li> <li>The plan includes a description of care to be provided. <u>Care</u>: Assistance with or completion of tasks that cannot be completed by the person and about which the person is not being taught (including but not limited to medical/dental care, regulation of water temperature, fire evacuation needs, etc.)</li> <li>The plan includes a description of how the person is to be supervised throughout the day. <u>Supervision</u>: Oversight by another provided according to SCDDSN policy 510-01-DD Supervision of People Receiving Services and must be as specific and individualized as needed to allow freedom while assuring safety and welfare.</li> <li>The plan includes functional skills training to assist the person with acquiring, maintaining or improving skills related to activities of daily living, social and adaptive behavior necessary to function as independently as possible. <u>Skills training</u> outlined within the plan should focus on teaching the most useful skills/abilities for the person according to the person's priorities. Every consideration should be given to adaptations that could make the task easier/more quickly learned. <u>Functional</u>: Activities/skills/abilities that are frequently required in natural, domestic or community environments.</li> </ul> <p>Source: Residential Habilitation Standard 4.6 Supports CQL Basic Assurances Factor 8 and Shared Values Factor 9</p>
G6-02	<p>A comprehensive functional assessment:</p> <ol style="list-style-type: none"> <li>Is completed prior to the development of the initial plan</li> <li>Is updated as needed to insure accuracy</li> </ol>	<p>Score "Met" if a comprehensive functional assessment has been done addressing the following areas:</p> <p>Self Care:</p> <ol style="list-style-type: none"> <li>Bowel/bladder care</li> <li>Bathing/grooming (including ability to regulate water temperature)</li> <li>Dressing</li> <li>Eating</li> <li>Ambulation/Mobility</li> <li>Need to use, maintain prosthetic/adaptive equipment.</li> </ol> <p>Personal Health:</p> <ol style="list-style-type: none"> <li>Need for professional medical care (how often, what care)</li> <li>Ability to treat self or identify the need to seek assistance</li> <li>Ability to administer own meds/treatments (routine, time limited, etc.)</li> <li>Ability to administer over the counter meds for acute illness</li> <li>Ability to seek assistance when needed.</li> </ol> <p>Self Preservation:</p> <ol style="list-style-type: none"> <li>Respond to emergency</li> <li>Practice routine safety measures</li> <li>Avoid hazards</li> <li>Manage (use/avoid) potentially harmful household substances</li> <li>Ability to regulate water temperature</li> </ol> <p>Self Supervision:</p> <ol style="list-style-type: none"> <li>Need for supervision during bathing, dining, sleeping, other times during the day</li> <li>Ability to manage own behavior</li> </ol> <p>Rights:</p> <p>Human rights are those rights established by the United Nations that all people are entitled to by virtue of the fact that they are human. Ex. Life, liberty and security of person, right not to be subjected to torture, etc.</p> <p>Personal finances/money: People are expected to manage their own money to the extent of their ability.</p> <p>Community Involvement:</p>

		<ul style="list-style-type: none"> <li>a) Extent of involvement</li> <li>b) Awareness of community activities</li> <li>c) Frequency</li> <li>d) Type</li> </ul> <p>Social network/family relationships</p> <ul style="list-style-type: none"> <li>a) Family and Friends</li> <li>b) Status of relationships</li> <li>c) Desired contact</li> <li>d) Support to re-establish/maintain contact</li> </ul> <p>Site Assessment (FOR SLP I ONLY) using SLP I Assessment Form:</p> <ul style="list-style-type: none"> <li>a) Completed annually</li> <li>b) Any items assessed as "NO" have a plan to address, approved by the District Office</li> <li>c) Process implemented 4/01/10</li> </ul> <p>AND the assessment supports skills training, care and supervision objectives identified within the person's plan.  AND the assessment is current i.e. accurately reflects the skills/abilities of the person.  Events that may trigger an assessment update may include, but not be limited to: completion of a training objective, failure to progress on a training objective, upcoming annual plan, major change in health/functioning status such as stroke, hospitalization, etc.  The assessment does not have to be re-done annually. It is acceptable to review the assessment and indicate the date of review and the fact that the assessment remains current and valid. This notation must be signed or initialed by the staff that completed the review.</p> <p>Source: Residential Habilitation Standard RH 4.4  Supports CQL Basic Assurances Factor 8 and Shared Values Factor 8</p>
G6-03 W	<p>Within 30 days of admission and every 365 days thereafter, a residential plan is developed:</p> <ul style="list-style-type: none"> <li>a) that supports the person to live the way he/she wants to live</li> <li>b) that reflects balance between self determination and health and safety</li> <li>c) that reflects the interventions to be applied</li> </ul>	<p>Initial plan must be developed within 30 days of admission and every 365 days thereafter.</p> <p>The Plan must reflect the person's priorities and a balance between self determination and health and safety.</p> <p>Source: Residential Habilitation Standard RH 4.5  The document, "Balancing the Rights of Consumers to Choose with the Responsibility of Agencies to Protect" which is located on the extranet under Quality Assurance.  Supports CQL Basic Assurances Factors 6 and 8</p>

G6-04	<p>The effectiveness of the residential plan is monitored and the plan is amended when:</p> <ul style="list-style-type: none"> <li>a) No progress is noted on an intervention</li> <li>b) new intervention, strategy, training, or support is identified; or</li> <li>c) The person is not satisfied with the intervention</li> </ul>	<p>Data should be looked at monthly to see that training has been completed as scheduled and data is collected as prescribed.</p> <p>Corrective action should be taken and recorded when: The plan is not implemented as written by staff; <b>When the intervention yields 100% accuracy the first month</b>; there is no correlation between recorded data and observed individual performance; the health, safety and welfare of people is not maintained, when the person is not satisfied with the intervention, etc.</p> <p>As a general rule, if no progress has been noted for three (3) consecutive months with no reasonable justification for the lack of progress, the strategy must be amended, and if necessary, the Plan as well.</p> <p>Source: Residential Habilitation Standard 4.9 Supports CQL Shared Values Factors 1 and 8, Basic Assurances Factor 8</p>
G6-05	<p>A quarterly report of the status of the interventions in the plan must be completed</p>	<p>Score "Met" if a summary of progress is done at a minimum, quarterly. The provider may elect to do monthly progress notes. If monthly progress notes are done, quarterly reports are not required.</p> <p>Note: Quarterly reports are to be completed and available within 10 business days of the close of the quarter.</p> <p>Source: Residential Habilitation Standard 4.7</p>
G6-06	<p>People receive training on rights and responsibilities</p>	<p>Score "Met" if there is documentation that training on rights and responsibilities is occurring. Training may include but not be limited to:</p> <p>On-going exposure to information regarding rights (ex. Agency wide focus on right of the month, rights discussions during house meetings, involvement in focus groups organized around rights, etc.).</p> <p>Formal training objectives on rights most important to the person (ex. How to vote) as applicable.</p> <p>Source: Residential Habilitation Standard RH 2.0 Supports CQL Shared Values Factors 1, 2 and Basic Assurances Factor 1</p>
G6-07	<p>Personal freedoms are not restricted without due process</p>	<p>Personal freedoms include but are not limited to:</p> <p>Making a phone call in private. Entertaining family/visitors in a private area. Unopened mail. Food choices Free access to the environment in which they live. Possessing a key to their bedroom and home if they so desire. <u>Due process</u> means human rights review of any restriction. The person must be offered the opportunity to attend the HRC meeting and have someone accompany them to assist in advocating for themselves, if they so desire. Verified by Service Notes.</p> <p>Source: Residential Habilitation Standard RH 2.0 535-02-DD Human Rights Committee Supports CQL Shared Values Factor 2</p>
G6-08	<p>People are expected to manage their own funds to the extent of their capability</p>	<p>People should manage their funds to the extent that they are capable. If assistance must be provided, provisions of 200-12-DD apply. The person must be actively involved in the development of their financial plan to include but not be limited to: planned purchases, weekly spending money, saving, etc.</p> <p>People should receive a regular accounting of their funds (amount, what it is spent for, where it is kept, how to access it, etc.)</p> <p>Source: Residential Habilitation Standard RH 2.0 200-12-DD Management of Funds for Individuals Participating in Community Residential Programs Supports CQL Shared Values Factors 1,3 and Basic Assurances Factor 9</p>

G6-09	People who receive services are trained on what constitutes abuse and how and to whom to report	<p>Score “Met” if there is documentation that training on abuse is occurring on an on-going basis. On-going training means that information about abuse/neglect is incorporated into all aspects of the training program not a one-time, large group training experience. Training may occur at meetings within residences, “rap sessions”, Self-advocates meetings, etc. as well as in formal training objectives.</p> <p>Source: Residential Habilitation Standard RH 2.2 534-02-DD Procedures for Preventing and Reporting Abuse, Neglect, or Exploitation of People Receiving Services from DDSN or a Contract Provider Agency. Supports CQL Shared Values Factor 1 and Basic Assurances Factor 4.</p>
G6-10	People receive a health examination by a licensed Physician, Physician’s Assistant, or Certified Nurse Practitioner who determines the need for and frequency of medical care and there is documentation that the recommendations are being followed	<p>Score “Met” if:</p> <ul style="list-style-type: none"> <li>the person has received an exam by a licensed physician, Physician’s Assistant or Certified Nurse Practitioner</li> <li>AND there is documentation that the plan of care is being followed</li> <li>AND the health care received is comparable to any person of the same age, group and sex. i.e. mammogram for females 40 and above, annual pap smears, prostate checks for males over 50, etc</li> <li>Health conditions such as dysphasia and GERD are ruled out before behaviors such as rumination, intentional vomiting, etc. are addressed behaviorally.</li> <li>People with specific health concerns, such as seizures, people who are prone to aspirate, etc. receive individualized care and follow-up.</li> </ul> <p>Supports CQL Shared Values Factors 1,3 and Basic Assurances Factor 5</p>
G6-11	People actively participate in the management of their health care to the extent capable	<p>People should be:</p> <ul style="list-style-type: none"> <li>Offered a choice in their health care provider whenever possible.</li> <li>Informed about upcoming appointments and reasons for the appointments.</li> <li>Supported to make their own appointments if they so choose.</li> <li>Supported to talk with their health care provider and ask questions regarding treatment alternatives.</li> <li>Taught to take their own medications whenever possible.</li> </ul>
G6-12	The Residential Habilitation provider must have procedures that specify the actions to be taken to assure that <u>within 24 hours</u> following a visit to a physician, Certified Nurse Practitioner (CNP), or Physician’s Assistant (PA) all ordered treatments will be provided	<p>The procedures must specify the exact steps to be taken and by whom, including but not limited to, specifying to whom orders are to be given upon return from the physician’s visit; who is responsible for obtaining medications, supplies or equipment from the pharmacy or other supplier; who is responsible for scheduling follow-up visits, visits to specialist, or visits for further testing; who is responsible for training direct support staff and providing those staff with appropriate written instructions for complying with the orders, etc. The point is that there is a system in place to assure that orders are followed and the specific staff have been assigned and are responsible for specific tasks.</p> <ul style="list-style-type: none"> <li>The Residential Habilitation provider must have available at all times a health care professional that can assess a resident’s health condition, determine appropriate intervention to be provided, and give specific instruction to staff who will provide the intervention. The contact information for the health care professional must be posted or easily accessible in all residences. Staff must know how to contact professional and be instructed and encouraged to do so as often as needed. Providers are encouraged to utilize resources effectively and efficiently while assuring that staff has access to a health care professional. This professional may be a nurse hired or contracted by the agency, or a nurse available through a physician’s office, or a local “ask-a-nurse” line through a hospital or other health care organization, etc. The source used to provide access to staff is not restricted by this requirement.</li> <li>Between 24-36 hours after being seen by a physician, Physician’s</li> </ul>

		<p>Assistant or Certified Nurse Practitioner for acute care, the person must be evaluated to determine the status of his/her condition. The evaluation may be done by a staff member who is not a nurse and is not a health care professional. However, the designated staff member may not be a staff person who provides direct support to those who receive residential habilitation services.</p> <ul style="list-style-type: none"> <li>• If the acute care visit is self-initiated or initiated by family members without the knowledge of the residential provider, this requirement would not apply. In these situations, within 24 hours of returning to the setting or learning about the visit, the provider must assure that medications, supplies or equipment needed to comply with the orders from the visit are available in the setting.</li> </ul> <p>“Acute” is defined as treatment sought for a brief and severe condition, as opposed to treatment for chronic long term conditions, routine check-ups, or follow-up visits for previously diagnosed illnesses. Acute visits are not planned in advance but are in response to a sudden change in condition or an accident, such as a sinus infection, urinary tract infection, the flu, a broken arm, a laceration, etc.</p> <p>To evaluate, the staff member must:</p> <ol style="list-style-type: none"> <li>1. See the person in his/her home.</li> <li>2. Determine if the person’s condition has improved, worsened or remained unchanged.</li> <li>3. Review the orders/instructions given as a result of the CNP, PA or physician’s visit or discharge from the hospital in order to determine if needed medications, supplies and equipment are available and in sufficient quantity to comply with the orders.</li> <li>4. Determine if staff can competently perform the duties required to comply with the orders. If staff is not observed performing the duties, determine if staff has been given clear and accurate instructions or materials that are easily understood and aid in their ability to competently perform the duties.</li> <li>5. Determine if staff can identify the worsening or lack of improvement of the person’s condition or if staff have been given instructions regarding how to identify the worsening or lack of improvement of the person’s condition.</li> <li>6. Determine if staff know or have been given specific instructions regarding what to do: <ul style="list-style-type: none"> <li>▪ If the condition worsens or doesn’t improve as expected;</li> <li>▪ If they have questions about how to comply with the orders; and/or</li> <li>▪ If they need supplies, equipment, medication in order to comply with the orders.</li> </ul> </li> <li>7. Report immediately (before leaving the residence) to the Executive Director or designee situations in which: <ul style="list-style-type: none"> <li>▪ Medications, supplies and/or equipment are not available;</li> <li>▪ Staff on duty do not appear to be competent to fulfill the orders nor have they been given clear and accurate instructions or materials to aid in the competent completion of the duties; and/or</li> <li>▪ The person’s condition has worsened or has not adequately improved and no action has been taken to address.</li> </ul> </li> </ol> <p>Following the verbal report, staff must Complete</p>
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G6-13	<p>People receive a dental examination by a licensed dentist who determines The need for and frequency of dental care, and there is documentation that the dentist's recommendations are being carried out</p>	<p>Score Met if there is documentation that a dental exam has been done by a licensed dentist and there is documentation that the recommendations are being carried out.</p> <p>A person who is edentulous may be checked by a physician.</p> <p>Note: If a person has refused dental care, there must be documentation of this in the file.</p> <p>Source: Residential Habilitation Standard RH 5.0</p>

G7	Health & Behavior Support Services	Guidance
G7-01 W	Behavior(s) that pose a risk to the person, others, the environment, or that interfere with his/her ability to function in the environment are addressed	<p>If behaviors that pose a risk to the person, others or the environment or that interfere with the person's ability to function in the environment are being displayed, the behaviors must be addressed. Review the Plan, service notes, progress notes, critical incident reports and other documentation to determine if the problem behaviors occurred. Review documentation to determine if the behaviors were identified and are being addressed. Behaviors may be considered to be addressed if their occurrence is acknowledged and there is a plan for when the frequency of occurrence will warrant further intervention, steps are being taken to analyze and assess the behavior so that a strategy can be developed, informal strategies such as environmental changes, etc. are being tried, a BSP or guidelines are being implemented. Behaviors may also be considered addressed if there is evidence that an approved provider was sought (even if not found). More than one provider should be contacted before it can be determined that no provider is available.</p> <p>Source: 600-05-DD</p>
G7-02	As needed by the person, but at least quarterly, psychotropic medications and the BSP are reviewed by the consulting psychiatrist, behavior consultant, and support team	<p>[Psychotropic Drug Reviews] Review BSP, any psychiatrist and behavior consultant notes, and documentation of support team meetings to determine if psychotropic medications and the effectiveness of the BSP are reviewed at least quarterly for: A. Desired responses; B. Adverse side-effects; and C. Gradual decrease in drug dosage and ultimate discontinuance of the drug(s) unless clinical evidence/data is documented that this is contraindicated.</p> <p>Source: 600-05-DD</p>
G7-03	The specific behaviors/psychiatric symptoms targeted for change by the use of the Psychotropic medication are clearly noted	<p>Source: 600-05-DD</p>
G7-04	The Psychotropic Drug Review process provides for gradually diminishing medication dosages and ultimately discontinuing the drug unless clinical evidence to the contrary is present	<p>Source: 600-05-DD</p>
G7-05	Consent for health care or restrictive interventions is obtained in accordance with 535-07-DD.	<p>Review for documentation that procedures or restriction was discussed with the person and surrogate, if required, before presentation to the HRC and person was informed of his/her right to refuse and appeal.</p> <p>Source: 535-07-DD</p>
G7-06	When prescribed anti-psychotic medication or other medication(s) associated with Tardive Dyskinesia, monitoring is conducted	<p>Source: 603-01-DD, Supports CQL Basic Assurances Factors 2, 5, 6, &amp; 8</p>

G7-07	Recommendations made following GERD/Dysphagia screening and review	Annual Swallowing Checklist
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G8	HASCI Waiver	Guidance
<b>G8-01 R</b>	<b>The Plan documents waiver supports including service name, the amount, frequency, and duration of each service, and provider type</b>	<b>For each waiver service received by the person, the Plan must document the need for the service; the correct waiver service name as listed in the Waiver Manual; the amount, frequency and duration of the service and the provider type (refer to the HASCI Waiver Document for provider types).</b>
G8-02	The Freedom of Choice Form is present	<p>Review the record of those enrolled during the review period (this is not to include the "back-up" record) to ensure that Freedom of Choice Form is present in the record. The form must be checked to indicate choice of waiver services in the community over institutionalization, completed (properly filled out), and signed by the waiver participant or his/her legal guardian (if applicable).</p> <p>If the waiver participant is over age 18 and not adjudicated incompetent but is physically unable to sign the form, the form and the service notes should indicate why signed choice was not obtained. If the person has reached the age of majority since waiver enrollment and has not been adjudicated incompetent, the waiver participant must either date and sign a new Freedom of Choice form or sign and date the original Freedom of Choice form documenting choice of waiver services in the community over institutionalization. This should be completed within 30 days of their 18<sup>th</sup> birthday.</p> <p>NOTE: Look at only those enrolled, re-enrolled or who turned 18 during the review period.</p> <p>Source: HASCI Waiver Manual</p>
G8-03	The Initial Level of Care is present	<p>Review the initial LOC determination to determine if it was completed prior to or on the date of Waiver enrollment.</p> <p>For ICF/MR Level of care, the initial Level of Care date is the "effective date" on the Certification Letter (ICF/MR Level of Care).</p> <p>For NF Level of Care, the initial Level of Care date is the date on the CLTC transmittal form (NF Level of Care, HASCI Form 7).</p> <p>NOTE: A person must be enrolled in the Waiver within 30 days of the initial Level of Care (LOC) determination.</p> <p>NOTE: If the person is enrolled in the Waiver within 30 days of the initial LOC determination the LOC effective date is valid for 365 days from the initial LOC date.</p> <p>Source: HASCI Waiver Manual</p>
<b>G8-04 R</b>	<b>The most current Recertification is dated within 365 days of the last recertification and is completed by the appropriate entity</b>	<p><b>Review the most recent and previous Level of Care evaluations to ensure that recertification occurred within 365 days and ensure all sections of the LOC Determination are complete. Initial ICF/MR evaluations are requested from SCDDSN's Consumer Assessment Team. Re-evaluations are completed by Service Coordinators for all consumers except for those persons whose eligibility determination is "Time-Limited", "At Risk" or "High Risk". The Consumer Assessment Team must complete these evaluations. If the re-evaluation was not completed by the Consumer Assessment Team, then the Level of Care is not valid. The date the Level of Care re-evaluation is completed is the effective date. Therefore, if the Level of Care Re-evaluation was completed on July 3, 2008 the effective date would be 7/3/08 with an expiration date of 7/2/09.</b></p> <p><b>Note: Look only at timeframes and who completed it.</b></p> <p><b>Source: HASCI Waiver Manual</b></p>

G8-05	The current Level of Care is supported by the current Plan and supporting assessments indicated on the LOC determination	<p>Review the most current LOC determination (either a Nursing Facility Level of Care or an ICF/MR Level of Care completed) and compare it to information in the current Plan and other assessments referenced as sources for the LOC evaluation to determine if documentation supports the current Level of Care assessment. If the ICF/MR Level of Care is completed, the supporting assessments used to make the determination will be listed on the ICF/MR LOC determination and summarized in the Plan. If the Nursing Facility Level of Care is completed, the results of the determination will be summarized in the Plan.</p> <p>Source: HASCI Waiver Manual</p>
G8-06	If a person refuses a Waiver service(s), the risks associated with refusing the service(s) were addressed and documented	<p>Review service notes and other record documentation along with all the Support Plans/Plan changes or revisions completed during the review period to determine if a person participating in the HASCI Waiver refused a Waiver service. If a service was refused, review record to locate documentation that the risks associated with refusing the service were addressed and documented.</p> <p>Source: HASCI Waiver Manual</p>
G8-07	Records verify that evaluations/reevaluations were completed in accordance with procedures specified in the approved Waiver	<p>Review ICF/MR Level of Care or the Nursing Facility Level of Care in the record. For ICF/MR Level of Care, initial evaluations are requested from SCDDSN's Consumer Assessment Team. The Service Coordinator must submit a packet of information to the team to determine LOC. Re-evaluations are completed by Service Coordinators for all persons except for those persons whose eligibility determination is "time-limited", "At Risk" or "High Risk". The Consumer Assessment Team must complete these re-evaluations. If the re-evaluation was not completed by the Consumer Assessment Team, then the Level of Care is not valid. For ICF/MR Level of Care Re-evaluations, the date the Level of Care Re-evaluation is completed, is the effective date. Therefore, if the Level of Care Re-evaluation was completed on July 3, 2008 the effective date would be 7/3/08 and expiration date of 7/2/09.</p> <p>For Nursing Facility (NF) Level of Care, SCDHHS Community Long Term Care (CLTC) conducts initial evaluations. The Service Coordinator is responsible for obtaining consent from the potential Waiver participant and forwarding the consent and transmittal request to CLTC.</p> <p>DDSN Service Coordination staff completes NF Level of Care re-evaluations. For NF Level of Care re-evaluations, contact notes must reflect that the reevaluation occurred on a home visit with the Waiver participant and the reevaluation was staffed with the Service Coordination Supervisor or other responsible party within 2 working days of the home visit as verified by initial and date of the supervisor on DHHS Form 1718 (NF/LOC document). The staffing date is the NF LOC date.</p>
G8-08	If the person was disenrolled / terminated from the HASCI Waiver, the Termination (HASCI Form 8) was completed within 2 working days of the disenrollment date	<p>Review the service notes, the Support Plan, Plan changes/revisions and Termination form to ensure that the Service Coordinator completed the form within 2 working days of notification that the Waiver participant needed to be disenrolled.</p> <p>Source: HASCI Waiver Manual</p>
G8-09 W	Documentation is present verifying that a choice of providers was offered to the person or his/her legal guardian for each HASCI Waiver service	<p>Review the service notes and the person's Plan to determine if the person or guardian was given a choice of provider of service.</p> <p>Source: HASCI Waiver Manual</p>

G8-10	The Acknowledgement of Choice and Appeal Rights is completed prior to Waiver enrollment and on an annual basis	Review the record to ensure that the Acknowledgement of Choice and Appeal Rights (HASCI Form 19) is present. Review signature dates on the forms to ensure they were completed prior to Waiver enrollment and on an annual basis.  Source: HASCI Waiver Manual
G8-11	The Acknowledgement of Rights & Responsibilities is present	Review the record to ensure that the Acknowledgement of Rights and Responsibilities (HASCI Form 20) is present. This must be completed "one-time" at the Plan meeting. For new Waiver participants it must be completed <u>prior to Waiver enrollment</u> . It is not required annually. Persons will not have this form on record prior to December 2004 Score "Met" in this case.  Source: HASCI Waiver Manual
G8-12	Waiver services are provided according to provisions in the service definitions in the Waiver document	Review Service definitions in the HASCI Waiver document for each service that the person is receiving. Review the person's Support Plan, Plan changes/revisions and service notes to ensure that services are being provided according to the definitions.  Source: HASCI Waiver Manual
<b>G8-13 R</b>	<b>If Nursing Services are provided, an order from the physician is present and coordinates with the Authorization of Services Form (HASCI Form 12-D)</b>	<b>Review record to ensure that a Physician's Order for Nursing Services (Form 15) is available and is consistent with the amount and type of Nursing Services authorized for the person.</b>  Source: HASCI Waiver Manual
<b>G8-14 R</b>	<b>Evidence that services are not available under the VR program is present if individual receives Supported Employment or Prevocational services</b>	<b>Review the record to determine if the individual is receiving Supported Employment or Prevocational services through the HASCI Waiver. If either service is received, review record to locate documentation supporting that this service is not available under a VR program for the person.</b>  Source: HASCI Waiver Manual
G8-15	HASCI Waiver services are received at least every 30 days	Review services notes, the person's Support Plan, and Plan changes/revisions to ensure that the person has received or is receiving at least one Waiver service each month during the review period. A service must be received during each calendar month. If at least one service was not received each month, the person should have been disenrolled from the Waiver. For example, if a Waiver participant receives a Waiver service on March 17th and receives no other Waiver services before April 30th, then the Waiver participant would be disenrolled from the Waiver.  Source: HASCI Waiver Manual
G8-16 W	Service needs and personal goals outside the scope of Waiver services are identified in the Support Plans and addressed	Review the Support Plan, Plan changes/revisions, service notes, and other documentation in the record to ensure that the Service Coordinator has identified and addressed all service needs and personal goals for the person, regardless of the funding source.  Source: HASCI Waiver Manual
G8-17	Authorization forms are completed for services, as required, prior to service provision	Authorization for Services forms are present and note a "start date" for services that should be the same or after the date of the Service Coordinator's signature. Authorization forms are required for all services except Prescribed Drugs.  Source: HASCI Waiver Manual
G8-18 W	The established Waiver documentation index is	Review the Waiver information in the record and compare it to the established HASCI Waiver documentation index.

	followed	Source: HASCI Waiver Manual
G8-19	Service notes reflect Monitorship within 2 weeks of the start date of an ongoing service or provider change and include the usefulness, effectiveness, frequency, duration and the person or his / her legal guardian's satisfaction with the service	Review service notes, the Support Plan, Plan changes/revisions and service authorizations to determine if the person began receiving a new ongoing service and/or the person changed providers of a previously received ongoing service. If so, review contact notes, the Support Plan, Plan changes/revisions and other documentation in the record to determine if service or provider change was monitored within 2 weeks and documentation regarding the usefulness, effectiveness, frequency, duration and the person/ or his/her legal guardian's satisfaction with the service is present.  Source: HASCI Waiver Manual
G8-20 W	Service notes reflect Monitorship as often as needed but at least quarterly with the person or his/her legal guardian and includes a statement of the usefulness and effectiveness of all ongoing Waiver services and justification for continued need	Review service notes, the Support Plan, Plan changes/revisions and other documentation in the record to determine if the person or his/her legal guardian is contacted at least quarterly to monitor all Waiver services, including assessment of service provision and justification of continued need. At a minimum, the Service Coordinator will provide quarterly contact with the person or his/her legal guardian and review all Waiver service needs on the Support Plan. The Support Plan, Plan changes/revisions must document the Waiver service need or the continued need for a specific Waiver service.  Source: HASCI Waiver Manual
G8-21	One-Time Services: service notes reflect contact with the person or his/her legal guardian within 2 weeks of the service and reflect that the service was received	Review service notes, the Support Plan, Plan changes/revisions and service authorizations to determine if the person or his/her legal guardian received any one-time services during the review period. If so, review the contact notes to determine if the service was monitored within 2 weeks to determine if the person received the service and provides a statement of usefulness, effectiveness and the person's satisfaction with the service.  Source: HASCI Waiver Manual
G8-22	Service notes reflect an on-site visit for Environmental Modifications within 2 weeks following completion	Review service notes, the Support Plan, Plan changes/revisions and service authorizations to determine if an environmental modification was completed during the review period. If so, review the service notes to determine if the modification was seen by the Service Coordinator within 2 weeks of the completion date. Also review documentation to ensure support of the usefulness and effectiveness of the service along with the person's or his/her legal guardian's satisfaction with the service.  Source: HASCI Waiver Manual
G8-23	Service notes reflect an on-site visit for Private Vehicle Modifications within 2 weeks of completion	Review service notes, the Support Plan, Plan changes/revisions and service authorizations to determine if a Private Vehicle Modification was completed during the review period. If so, review the service notes to determine if the modification was seen by the Service Coordinator within 2 weeks of the completion date and documentation is available to support the usefulness, effectiveness, and benefit of the service along with the person's or his/her legal guardian's satisfaction with the service.  Source: HASCI Waiver Manual
G8-24	For any one-time service that costs \$1500.00 or more, the Service Coordinator has made an on-site visit to observe the item and to document the item's usefulness and effectiveness	Review service notes, the Support Plan, Plan changes/revisions and service authorizations to determine if any one-time service costing over \$1500.00 was provided during the review period. If so, review the service notes to determine if the item was monitored on-site by the Service Coordinator and documentation is available to support the usefulness, effectiveness, and benefit of the service along with the person's or his/her legal guardian's satisfaction with the service.  Source: HASCI Waiver Manual

G8-25	Waiver Tracking System is consistent with records regarding services and the Plan includes and justifies the need for all HASCI Waiver services	<p>Review the Waiver services listed in the Support Plan and Plan changes/revisions and compare them with the services listed on the Waiver tracking system. Also review the service authorizations and Medicaid Paid Claims to ensure that all Wavier Services are included and supported in the person's Plan.</p> <p>Source: HASCI Waiver Manual</p>
G8-26	The Person / Legal Guardian was notified in writing regarding any denial, termination, reduction, or suspension of Waiver services with accompanying appeals information	<p>Review service notes to determine if during the review period any Waiver services were reduced, suspended, terminated, or denied. If this is noted, then review the service notes to determine if the person/legal guardian was notified in writing regarding the denial, suspension, termination or reduction of the service and provided with the appropriate appeals process.</p> <p>Source: HASCI Waiver Manual</p>
G8-27	For HASCI Waiver funded services provided by the Board (also called Board-based services), documentation is available to show the service was provided on the date the service was reported	<p><u>Behavioral Support Services or Behavioral Support; Psychological Services or Psychological; Health Education for Consumer-Directed Care or Health Education; Peer Guidance for Consumer-Directed Care or Peer Guidance:</u> look for a copy of the license, certificate or Service Note that shows the provider is licensed or certified/trained. "Individual Summary of Caregiver Services Provided: reflects the amount of services provided. The Support Plan reflects the need for the service. Review the progress notes/comments of the provider of the service to ensure services are being provided as authorized. Data/documentation is available to show that needed services/interventions were provided at each visit. <u>Environmental modifications, Environmental Mods., or Enviro Mods.; Private Vehicle Modifications, Vehicle Modifications or Vehicle Mods.:</u> A copy of an invoice for the work with person's name and notation that the work is complete. NOTE: Not needed if direct billed. - The Plan must reflect the need for the modification and general description of the work to be completed. For Environmental Modifications, a licensed contractor must be used. Look for the license number issued by the SC Labor Licensing and Regulation (SCLLR). NOTE: An automatic door system or grab bars may be installed by a licensed contractor or a vendor with a retail or wholesale business license contracted to provide the service(s); for ex., a Durable Medical Equipment vendor. NOTE: All adaptations/modifications to the home that require building any type for example, using hammer and nails must be done by contractors that are licensed by the State of South Carolina through the SC Department of Labor, Licensing and Regulation, Contractor's Licensing Board. For Private Vehicle Modifications, the technician or professional must be trained in the installation and repair of manufacturer's equipment. Look for a copy of the certificate or Service Note that shows the technician reports that he/she has been trained/certified. <u>Personal Emergency Response Systems, Personal Emergency Response System, or PERS; Medical Supplies, Equipment and Assistive Technology, Medical Supplies, Medical Equipment or Assistive Technology:</u> look for a copy of an invoice for the system, the medical supplies or piece of equipment and notation that the system, medical supplies or equipment was received. <u>Attendant Care/Personal Assistance Services, Attc/PAS, Attendant Care Services, Attendant Care, Attc, Personal Assistance or Personal Assistance Services; Medicaid Waiver Nursing Services, Nursing Services or Nursing:</u> look for a copy of the Daily Log or Time Sheet (documentation) by the attendant (for attendant care services) or nurse (from nursing services) that is available to show that the services were provided as authorized. The Support Plan must justify the need for assistance with activities of daily living and personal care for attendant care services. For nursing services, the Support Plan must justify the need for the services as ordered by the physician.</p>

		Source: HASCI Waiver Manual
G8-28	Documentation is present verifying that a provider is being actively sought when a provider is unavailable for any Waiver Service	<p>Review the service notes and the person's Plan to determine if the Service Coordinator is actively seeking a provider of a Waiver service when a provider has not been found to provide the service.</p> <p>Source: HASCI Waiver Manual</p>
G8-29	Nurse supervisory reports are present for attendant care services and the Support Plan includes the need, frequency and intensity of the supervision	<p>Review the Support Plan to assure it includes the need for supervision or a statement that the person or responsible party is able to direct his/her care (this information will be included in the Service Coordinator's Responsibilities section of the Support Plan (Section D of the Support Plan) Note: Review nurse (LPN or RN licensed to practice in the state) supervisory progress reports. Nurse supervisory reports must be received and reviewed by the Service Coordinator. Nurse supervisory reports are completed at least once every four months unless there is a statement that the person or responsible party is able to direct his/her own care. The four (4) month supervisory visit must be completed by the end of the fourth month. Note: The attendant care provider should be allowed time to submit the nurse supervisory report to the DSN Board or Non-Board provider after the four (4) month supervisory visit is completed. Look for a copy of the nurse's license in the file or review contact notes documenting the license # of the nurse. NOTE: Nurse supervisory reports are not required for a consumer receiving UAP (University Affiliated Project) Attendant Care Services. A person receiving UAP Attendant Care Services must be able to self-direct his/her own care or designate a responsible party (RP) that is able to direct the person's care. The Support Plan does not need to include the frequency and intensity of nurse supervision for UAP Attendant Care Services. NOTE: Supervision may be furnished directly by the person or responsible party when the individual or responsible party has been trained to perform this function and when the safety and efficacy of person-provided supervision has been certified in writing by a registered nurse (RN) or otherwise provided by State law. This certification must be based on direct observation of the person/responsible party and the specific attendant care/personal assistance provider during the actual provision of care. Documentation of this certification must be maintained in the person's file and will be documented in the Plan.</p> <p>Source: HASCI Waiver Manual</p>
G8-30	Documentation is present verifying that the Attendant Care Daily Logs for a person receiving UAP Attendant Care Services are present in the record and received at least monthly by the Service Coordinator	<p>Review the service notes, the person's Support Plan, Plan changes/revisions and any other record documentation to ensure that the Service Coordinator has received a copy of the Attendant Care Daily Logs at least <u>monthly</u> from the UAP attendant.</p> <p>Source: HASCI Waiver Manual</p>

G9	MR/RD Waiver	Guidance
G9-01	Assessment(s) justify the need for all MR/RD Waiver services included on the plan	<p>Review the Plan, DDSN Service Coordination Annual Assessment, and service notes to ensure that all MR/RD Waiver services included on the Plan are supported by assessed need.</p> <p>Source: MR/RD Waiver Manual</p>
G9-02 R	The plan includes MR/RD Waiver service/s name, frequency of the service/s, amount of service/s, and provider type for service/s	<p><b>For each waiver service received by the person, the plan must document the need for the service; the correct waiver service name, the amount, frequency, and the provider type (refer to the MR/RD Waiver Document for provider types/Chapter 2 of MR Waiver Manual).</b></p> <p><b>Source: MR/RD Waiver Manual</b></p>
G9-03	The Freedom of Choice Form is Present	<p>Review the record of those enrolled or re-enrolled during the review period (this is not to include the “back-up” record) to ensure that Freedom of Choice Form is present in the record. The form must be checked to indicate choice of waiver services in the community over institutionalization, completed (properly filled out), and signed by the waiver participant or his/her legal guardian (if applicable).</p> <p>For forms completed during the review period, if the waiver participant is over age 18 and not adjudicated incompetent but is physically unable to sign the form, the form and the service notes should indicate why signed choice was not obtained. If the person has reached the age of majority since waiver enrollment during the review period and has not been adjudicated incompetent, the waiver participant must either date and sign a new Freedom of Choice form or sign and date the original Freedom of Choice form documenting choice of waiver services in the community over institutionalization. This should be completed within 90 days of their 18<sup>th</sup> birthday.</p> <p>NOTE: Look at only those enrolled, re-enrolled or who turned 18 during the review period.</p> <p>Source: MR/RD Waiver Manual</p>
G9-04 R	The most current Level of Care Determination is dated within 365 days of the last Level of Care determination and is completed by the appropriate entity	<p><b>Review the most recent and previous Level of Care evaluations to ensure that recertification occurred within 365 days. Initial ICF/MR evaluations are requested from SCDDSN's Consumer Assessment Team. Re-evaluations are completed by Service Coordinators for all consumers except for those persons whose eligibility determination is "Time-Limited", or "High Risk". The Consumer Assessment Team must complete these evaluations. If the re-evaluation was not completed by the Consumer Assessment Team, then the Level of Care is not valid. The date the Level of Care re-evaluation is completed is the effective date. Therefore, if the Level of Care Re-evaluation was completed on July 3, 2008 the effective date would be 7/3/08 with an expiration date of 7/2/09.</b></p> <p><b>Note: Look only at timeframes and who completed it.</b></p> <p><b>Source: MR/RD Waiver Manual</b></p>
G9-05	The current Level of Care is supported by the assessments and documents indicated on the Level of Care determination	<p>Review the most current LOC determination and compare it to information in the assessments/documents referenced as sources for the Level of Care evaluation to determine if documentation supports the current Level of Care assessment.</p> <p>Note: Look only at lines on LOC assessments</p> <p>Source: MR/RD Waiver Manual</p>

<b>G9-06 R</b>	<b>The Current Level of Care is completed appropriately</b>	<p><b>Review the most current LOC determination to ensure all sections of the LOC Determination Form are complete.</b></p> <p><b>Note: Ensure that all areas are complete or checked.</b></p> <p><b>Source: MR/RD Waiver Manual</b></p>
G9-07 W	Documentation is present verifying that a choice of provider was offered to the person/ family for each MR/RD Waiver service	<p>Review the service notes and the person's Plan to determine if the person was given a choice of provider of service.</p> <p>Source: MR/RD Waiver Manual</p>
G9-08	Acknowledgment of Rights and Responsibilities (MR / RD Form 2) is completed annually	<p>Review the record to ensure that the Acknowledgement of Rights and Responsibilities is present. Review signature dates (signed by person or legal guardian, if applicable) on the current and previous forms to ensure they have been completed annually (within 12 months of the previous form).</p> <p>Source: MR/RD Waiver Manual</p>
G9-09	MR/RD Waiver services are provided in accordance with the service definitions found in the Waiver document	<p>Review Service definitions in the MR/RD Waiver document for each service that the person is receiving. Review the person's Plan, service notes and relevant service assessments to ensure that services are being provided according to the definitions.</p> <p>Source: MR/RD Waiver Manual</p>
<b>G9-10 R</b>	<b>If Nursing Services are provided, an order from the physician is present and coordinates with the Authorization of Services Form (MR/RD Form A-12)</b>	<p><b>Review record to ensure that a doctor's order is available and is consistent with the amount and type of Nursing Services authorized for the person.</b></p> <p><b>Authorizations will not be consistent with the physician's order when the amount of nursing prescribed by the physician exceeds the service limits allowed through the waiver.</b></p> <p><b>Note: Do not look at Nursing Services for children (State Plan Service).</b></p> <p><b>Source: MR/RD Waiver Manual</b></p>
G9-11	MR/RD Waiver services are received at least every 30 days	<p>Review service notes and Plan to ensure that the person has received or is receiving at least one MR/RD Waiver service every 30 days during the review period. A service must be received at least every 30 days. If at least one service was not received every 30 days, the person should have been disenrolled from the Waiver.</p> <p>Source: MR/RD Waiver Manual</p>
G9-12 W	Service needs outside the scope of Waiver services are identified in Plans and addressed	<p>Review the Plan, service notes, and other documentation in the record to ensure that the Service Coordinator has identified and addressed all service needs regardless of the funding source.</p> <p>Source: MR/RD Waiver Manual</p>
G9-13	Authorization forms are properly completed for services as required, prior to service provision	<p>Review the person's budget and Plan to ensure that Authorization for Services forms are present, and note a "start date" for services that is the same or after the date of the Service Coordinator's signature. Ensure that authorization forms are addressed to the appropriate entity (i. e., the DHHS-enrolled or contracted provider) and accurately indicate the entity to be billed (i. e., DHHS or the Financial Manager), Authorization forms are required for all services except Prescribed Drugs, Adult Vision Services, Adult Dental Services, and an Audiological Evaluation.</p> <p>Source: MR/RD Waiver Manual</p>



G9-14	Service notes reflect monitorship within the first month of the start of an ongoing MR/RD Waiver service or provider change	Review the Plan, service notes, and service authorizations to determine if the person began receiving a new ongoing service and/or the person changed providers of a previously received ongoing service. If so, review service notes, the Plan and other documentation in the record to determine if service or provider change was monitored within 1 month  Source: MR/RD Waiver Manual
G9-15	Service notes reflect monitorship within the second month from the start of an ongoing MR/RD Waiver service or provider change	Review the Plan, service notes and service authorizations to determine if the person began receiving a new, ongoing service and/or the person changed providers of a previously received ongoing service during the review period. If so, review service notes, to determine if service or provider change was monitored within second month.
G9-16 W	Service notes reflect on-site monitorship of Adult Day Health, Adult Attendant Care, Personal Care, and/or Nursing, while service is being provided. This monitorship must occur within 1 month of the start of service (within 2 weeks of start of Adult Attendant Care Services) or provider change and once yearly unless otherwise noted by supervisor exception and documented approval	Review service notes, the Plan, and other documentation in the record to determine if documentation is available to support that an on-site visit was provided as required for each applicable Waiver service the person is receiving. If an exception is noted, documentation must be available noting why and must be only for extreme circumstances (i.e., the service is only provided in extremely early or late hours).  NOTE: If service is provided before 7 am or after 9 pm, on-site monitorship is not required.  Source: MR/RD Waiver Manual
G9-17	Service notes reflect monitorship with the recipient within 2 weeks of a one-time service and reflect the service was received	Review service notes, the Plan and service authorizations to determine if the any one-time services were received during the review period. If so, review the service notes to determine if the service was monitored within 2 weeks of receipt to determine if the person received the service.  Source: MR/RD Waiver Manual
G9-18	Services notes reflect an on-site monitorship of environmental modifications within 2 weeks of completion	Review service notes, the Plan, and service authorizations to determine if an environmental modification was completed during the review period. If so, review the service notes to determine if the modification was seen by the Service Coordinator within 2 weeks of the completion date.  Source: MR/RD Waiver Manual
G9-19	Service notes reflect an on-site monitorship of private vehicle modifications within 2 weeks of completion	Review service notes, the Plan, and service authorizations to determine if a private vehicle modification was completed during the review period. If so, review the service notes to determine if the modification was seen by the Service Coordinator within 2 weeks of the completion date.  Source: MR/RD Waiver Manual
G9-20	Service notes reflect an on-site monitorship, if hearing aid is provided, within 2 weeks of the person receiving the aide(s)	Review service notes, the Plan and service authorizations to determine if a hearing aid was provided during the review period. If so, review the service notes to determine if monitorship was provided on-site by the Service Coordinator within 2 weeks of the date of receipt or notification of service by consumer.  Source: MR/RD Waiver Manual

G9-21	For any one-time assistive technology item costing 1500.00 or more, the Service Coordinator has made an on-site visit to observe the item	Review service notes, the Plan and service authorizations to determine if any one-time assistive technology item costing over \$1500.00 was provided during the review period. If so, review the service notes to determine if the item was seen in the recipient's possession by the Service Coordinator.  Source: MR/RD Waiver Manual
G9-22	The Person/Legal Guardian (if applicable) was notified in writing regarding any denial, termination, reduction, or suspension of MR/RD Waiver services with accompanying reconsideration/appeals information	Review service notes to determine if during the review period any Waiver services were reduced, suspended, terminated, or denied. If this is noted, then review the service notes to determine if the person/legal guardian was notified in writing regarding the denial, suspension, termination or reduction of the service and provided with the appropriate reconsideration/appeals process. Note: If the person requests to discontinue, suspend, or reduce the service, this Indicator is N/A  Source: MR/RD Waiver Manual

G10	PDD Program	Guidance
G10-01	PDD Waiver participants must meet all eligibility criteria	<p>Review the record to determine if the child meets the criteria for services through the PDD Program:</p> <ul style="list-style-type: none"> <li>• Be ages 3 through 10 years.</li> <li>• Diagnosed with a PDD by age eight years. The diagnosis must be made by a qualified, licensed or certified diagnostician. Children who are currently eligible for DDSN under the Autism Division must meet these criteria.</li> <li>• Meet Medicaid financial criteria or provide documentation of financial ineligibility for Medicaid.</li> <li>• Meets ICF/MR Level of Care medical criteria (as determined by the DDSN Consumer Assessment Team for this program).</li> </ul> <p>Note: Children who do not meet ICF/MR Level of Care, but meet all other eligibility requirements may receive services outside the waiver through the State Funded PDD program if funding is available.</p> <p>Source: PDD Waiver Manual</p>
G10-02	The Freedom of Choice Form is present for PDD Waiver recipients	Review the record to ensure that the Freedom of Choice form is present in the record. The form must be "checked" to indicate choice of Waiver services in the community over institutionalization and signed by the child's parent/legal guardian.
G10-03	The Initial Level of Care is present	Review the initial LOC determination to determine if it was completed prior to or on the date of Waiver enrollment.
<b>G10-04 R</b>	<b>The most current Level of Care Determination is dated within 365 days of the last Level of Care Determination and is completed by the Consumer Assessment Team</b>	<b>Review the most recent and previous Level of Care evaluations to ensure that recertification occurred within 365 days. Initial ICF/MR evaluations are requested from SCDDSN's Consumer Assessment Team. The Case Manager must submit a packet of information to the team to determine LOC. Reevaluations are completed by the Consumer Assessment Team. If the re-evaluation was not completed by the Consumer Assessment Team, then the Level of Care is not valid. The date the Level of Care Re-evaluation is completed is the effective date. Therefore, if the Level of Care Re-evaluation was completed on July 3, 2003 the effective date would be 7/3/03 with an expiration date of 7/2/04.</b>
G10-05 W	Documentation is present verifying that a choice of providers was offered to the child's parents/legal guardians for each PDD service	Review the contact notes, the child's Plan and other file documents to determine if the parents/legal guardians were given a choice of provider of service before the service (i.e. Case Management and EIBI) was authorized.
G10-06	The Acknowledgment of Rights and Responsibilities is completed annually	Review the record to ensure that the Acknowledgment of Rights and Responsibilities is present. Review signature dates on the current and previous forms to ensure they have been completed annually.
G10-07	PDD services are provided in accordance with the service definitions	<p>Review Service definitions in the PDD Manual for each service that the child is receiving. Review the child's Plan, contact notes and relevant service authorizations to ensure that services are being provided according to the definitions.</p> <p>Note: Correct terminology is required (example: "EIBI" not ABA)</p>
G10-08	For PDD Waiver recipients, PDD Waiver services are received at least every 30 days	Review services notes and the Plan to ensure that the person has received or is receiving at least one Waiver service every 30 days during the review period. A service must be received at least every 30 days. If at least one service was not received every 30 days, the person should have been disenrolled from the Waiver.

G10-09	Authorization forms are completed for services, as required, prior to service provision	Review the child's budget and Plan to ensure that Authorization for Services forms are present and note a "start date" for services that is the same or after the date of the Case Manager's signature. Authorization forms are required for all services.
G10-10	The Person/Legal Guardian was notified in writing regarding any denial or termination of PDD services with accompanying appeals information	Review contact notes to determine if during the review period any Waiver services were reduced, suspended, terminated or denied. If this is noted, then review the contact notes to determine if the parent/legal guardian was notified in writing and provided with the appropriate appeals process.
G10-11	The Plan clearly includes and justifies the need for all PDD Waiver services received	Review the Plan, service authorizations to ensure that all PDD Waiver services are included and supported by assessed need in the child's Plan. Services should be identified and provided according to PDD Waiver service definitions.
G10-12	The record must reflect that the child's parent/legal guardian was offered the opportunity to participate in planning	Review the Case Management record to ensure the child's parent/legal guardian was afforded the opportunity to participate in planning. This should be demonstrated in the record by inviting the child's parent/legal guardian to meet to discuss plans, by scheduling the meeting (If a meeting is chosen) at a time and location that facilitated participation, by soliciting input prior to the actual meeting if attendance is not possible, or by allowing participation in the meeting by phone or other means. The requirement is that the opportunity be afforded, not that participation occur.
G10-13	The parent/legal guardian was provided a copy of the Plan	Review the service notes to verify that the child's parent/legal guardian was provided a copy of the Plan.
G10-14 W	The Plan is monitored at least quarterly (Quarterly Plan Review)	The Plan is monitored at least quarterly (Quarterly Plan Review). Review all Plans in effect during the review period to determine if all needs and interventions were monitored as often as needed, but at least quarterly and to ensure that needs were implemented as prescribed in the Plan. Documentation for each need and intervention should include recommendations for continued implementation, revision or discontinuation.
G10-15	Case Managers who serve children in the PDD Program must meet the minimum requirements for the position	Determine from personnel records if the minimum requirements for employment were met.  Refer to the contract between SCDHHS and SCDDSN (amended January 2010) pertaining to The Purchase and Provision of Home and Community-Based Pervasive Developmental Disorder Waiver Services.
G10-16	Records include documentation of verification that Case Managers are free from tuberculosis	Review TB results of each Case Manager from personnel sample. Check documentation for the following: <ul style="list-style-type: none"> <li>• Must have a PPD Tuberculin skin test no more than ninety (90) days prior to employment, unless a previously positive reaction can be documented. Must have a PPD Tuberculin skin test no more than ninety (90) days prior to employment, unless a previously positive reaction can be documented.</li> <li>• In lieu of a PPD tuberculin test no more than 90 days prior to employment, a new employee may provide certification of a negative tuberculin skin test within the 12 months preceding the date of employment and certification from a licensed physician or local health department TB staff that s/he is free of the disease.</li> <li>• Employees with negative tuberculin skin tests shall have an</li> </ul>

		<p>annual tuberculin skin test.</p> <ul style="list-style-type: none"> <li>• New employees who have a history of tuberculosis disease and have had adequate treatment shall be required to have certification by a licensed physician or local health department TB staff (prior to employment and annually) that they are not contagious. Regular employees who are known or suspected to have tuberculosis shall be required to be evaluated by a licensed physician or local health department TB staff, and must not return to work until they have been declared non-contagious.</li> </ul> <p>Refer to the contract between SCDHHS and SCDDSN pertaining to The Purchase and Provision of Home and Community-Based Pervasive Developmental Disorder Waiver Services, Appendix B, Case Management Services, Conditions of Participation, item # 6.</p>
G10-17	Case Managers will provide at least 1 monthly contact with the EIBI service providers and/or family to determine progress/lack of progress on established goals and/or participant satisfaction with EIBI providers	<p>Review contact notes in the records to determine if the parents and/or provider has been contacted monthly.</p> <p>Review established goals and monthly progress reports received from the provider to determine progress or the lack of progress.</p> <p>Review contact notes to determine if Case Manager received complaints from families about provider services and, if the Case Manager discussed the concerns with the provider.</p>
G10-18	Case Managers will contact the child's family quarterly	<p>Review contact notes and other documentation to determine:</p> <ul style="list-style-type: none"> <li>• If the family received quarterly contact from the Case Manager</li> <li>• If the entire Support Plan was reviewed and discussed</li> <li>• If the most recent EIBI service provider quarterly data report was reviewed and discussed</li> </ul>
G10-19 W	Case Managers will contact the child's family quarterly	Review service notes in the Case Management record to determine if the child served has received face-to-face-contact by the Case Manager at least once per Plan year during each 365-day period.
G10-20 R	Case Managers will ensure the Plan is developed, reviewed and approved every 365 days or more often if needed	<p><b>Review current Plan in the child's record. A current Plan must be present and signed by the Case Manager. A current Plan is defined as one completed within the last 365 days. A Plan must be completed:</b></p> <ul style="list-style-type: none"> <li>• Within 365 days of the last plan</li> <li>• Before PDD Services are authorized or provided</li> </ul>
G10-21 R	Case Managers are responsible for preparing and submitting all documents needed for timely determination of the ICF/MR LOC by the Consumer Assessment Team. The most current Level of Care Determination is dated within 365 days of the last Level of	<p><b>Review the most recent and previous Level of Care evaluations to ensure that recertification occurred within 365 days. Initial ICF/MR evaluations are requested from SCDDSN's Consumer Assessment Team. The Case Manager must submit a packet of information to the team to determine LOC. Reevaluations are completed by the Consumer Assessment Team. If the re-evaluation was not completed by the Consumer Assessment Team, then the Level of Care is not valid. The date the Level of Care Re-evaluation is completed is the effective date. Therefore, if the Level of Care Re-evaluation was completed on July 3, 2003 the effective date would be 7/3/03 with an expiration date of 7/2/04.</b></p>

	<b>Care determination</b>	
G10-22	Case Managers must document all activities in the child's record	Contact notes must include the following: name and title of contact person, type of contact, location of contact, purpose of contact, intervention or services provided, the outcome, needed follow-up, and the date and signature of the Case Manager.
G10-23	Case Managers must document the date on which the child's referral was first received and the date all actions taken thereafter	Review contact notes to determine if the family's initial choice of a Case Management provider was documented. Review the records for the Choice of Provider form and ensure it was signed and dated by the child's parents/legal guardians. Review the notes to ensure all subsequent entries are dated.
G10-24	Case record documentation must reflect that the child's parents were given information on all EIBI qualified providers in the State and given guidance on which providers are in close proximity to the parent/legal guardian's community	Review the contact notes and the person's Plan to determine if the parent/legal guardian was given information on all EIBI qualified providers in the State of South Carolina and given guidance on which providers are in close proximity to the parent/legal guardian's community.
G10-25	Case Managers must utilize required forms, completed properly, and they must include the required signatures	Review the PDD Manual including the index of forms. Compare this to the actual documents found in the participant's file to determine proper usage. Review all documents for signatures and dates as required.
G10-26	Case Manager's must assure, and records must reflect that each child's parent has been provided with information about how to file a complaint	Review records to ensure that parents are provided information on the Reconsideration/Appeals Process at least annually and at any relevant action such as termination or denial of services.
G10-27	Case Managers are required to attend at least one in-service training annually related to autism and the provision of case management to individuals enrolled in the PDD Waiver. The training must be facilitated by the Autism Division	Review documentation in the personnel file to ensure annual training occurred as required.

G10-28 W	Case Management records are maintained and include required information	<p>Review the Case Management record to determine if records include the following:</p> <ul style="list-style-type: none"> <li>• A current Single/Support Plan (After 7/1/07 the Support Plan will be used)</li> <li>• Current IEP (for school age children) It is only required to obtain a new/current IEP during annual Service Coordination plan development.</li> <li>• Service Notes (when reviewing service notes, check to make sure that service notes are typed or handwritten in black or dark blue ink, legible, in chronological order, entries dated and signed with the date, Service Coordinator's name and title or initials (a signature/initial sheet must be maintained at the Service Coordination provider's office), if abbreviations or symbols are used, there is a list of any abbreviations or symbols maintained at the Service Coordination provider's office, persons referenced are identified by their relationship to the person receiving services either at least once on each page or on a separate list located in each record, proper error correction procedures are followed if errors have occurred and no correction fluid or erasable ink was used)</li> </ul> <p>Submitted by the EIBI Consultant</p> <ul style="list-style-type: none"> <li>• Progress reports: must be submitted monthly and demonstrate/document that drills are conducted as scheduled</li> <li>• Data reports: must be submitted quarterly and contain cumulative graphs of target areas demonstrating progress or areas of concern</li> <li>• Assessment of Basic Language and Learning Skills (ABLLS): must be submitted semi-annually per the initial assessment date</li> <li>• Peabody Picture Vocabulary Test (PPVT) and Vineland: must be submitted annually per the initial assessment date</li> </ul>
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G10	EIBI Providers Only	Guidance
G10-29	All individuals who serve as the EIBI Consultant must meet requirements	<p>Review personnel files for documentation, credentials and written evidence to support and demonstrate that employees meet the minimum requirements for the position in which they serve.</p> <p>All individuals who serve as the EIBI Consultant must meet the following requirements:</p> <ul style="list-style-type: none"> <li>• A master's degree in behavior analysis, education, psychology, or special education; and</li> <li>• Current certification by the Behavior Analyst Certification Board as a Board Certified Behavior Analyst (BCBA); and</li> <li>• At least one year of experience as an independent practitioner; and</li> <li>• Successfully complete the initial approval process which includes an interview and the submission of a Work Sample that is reviewed and critiqued for competency by the DDSN interview team <b>or</b></li> <li>• A bachelor's degree in behavior analysis, education, psychology, or special education; and</li> <li>• Current certification by the Behavior Analyst Certification Board as a Board Certified Associate Behavior Analyst (BCABA); and</li> <li>• At least two years of experience as an independent practitioner, and</li> <li>• Successfully complete the initial approval process which includes an interview and the submission of a Work Sample that is reviewed and critiqued for competency by the DDSN interview team <b>or</b></li> <li>• A bachelor's degree in behavior analysis, education, psychology, or special education; and</li> <li>• At least three years of experience as an independent practitioner; and</li> </ul> <p>Successfully complete the initial approval process which includes an interview and the submission of a Work Sample that is reviewed and critiqued for competency by the DDSN interview team.</p>
G10-30	All individuals who serve as Lead Therapists must meet requirements	<p>Review personnel files for documentation, credentials and written evidence to support and demonstrate that employees meet the minimum requirements for the position in which they serve.</p> <p>All individuals who serve as Lead Therapist must meet the following requirements unless an exception has been granted by DDSN:</p> <ul style="list-style-type: none"> <li>• A bachelor's degree in behavior analysis, education, psychology, or special education; and</li> <li>• Has at least 500 hours of supervised line therapy or supervised experience in implementing behaviorally based therapy models consistent with best practices and research on effectiveness, for children with Pervasive Developmental Disorder to include autism and Asperger's disorder.</li> </ul> <p>If an exception has been granted, there must be written evidence from DDSN.</p>
G10-31	All individuals who serve as Line Therapists must meet requirements	<p>Review personnel files for documentation, credentials and written evidence to support and demonstrate that employees meet the minimum requirements for the position in which they serve.</p> <p>All individuals who serve as Line Therapists must meet the following requirements:</p> <ul style="list-style-type: none"> <li>• Be at least 18 years old and a high school graduate;</li> <li>• Be able to speak, read and write English;</li> <li>• Have documentation of receiving the required training as listed below prior to providing a service: <ul style="list-style-type: none"> <li>a. Current First Aid Certification (must be renewed at least every three years)</li> <li>b. Current CPR Certification</li> </ul> </li> </ul>



		<p>c. Confidentiality, Accountability, and Prevention of Abuse and Neglect</p> <p>d. At least 12 hours of training in the implementation of applied behavior analysis to include at least 3 hours of autism and PDD specific training</p> <ul style="list-style-type: none"> <li>• Have documentation of receiving the required annual in-service training of at least 5 hours in the implementation of applied behavior analysis, autism or PDD specific training.</li> <li>• Have documentation of a clear background check conducted by the provider prior to providing a service and at least annually thereafter in the following areas: <ul style="list-style-type: none"> <li>a. Not listed in the DSS Child Abuse Central Registry</li> <li>b. Have no felony convictions as determined by an officially obtained SLED report</li> <li>c. Provide a copy of current, valid driver's license (If no driver's license submit a copy of an Official State ID Card)</li> <li>d. PPD Tuberculin Test</li> </ul> </li> </ul>
G10-32	There must be documentation those individuals / entities that are on the qualified provider list for EIBI services completed the initial approval process	<p>All EIBI providers should have the following documentation on file for the initial approval process:</p> <ul style="list-style-type: none"> <li>• A completed Early Intensive Behavior Intervention Provider Application (must be signed and dated) and all required attachments (e.g. a current curricula vita and 1) an educational / behavioral testing evaluation (preferably the ABLLS), 2) an educational program or program example to include data / graphs and progress updates and, 3) a Behavioral Support Plan to include a Functional Assessment for which you have written / developed and implemented for an individual with a Pervasive Developmental Disorder.</li> <li>• The Provider Approval Letter</li> <li>• The Provider Pre-Enrollment Information for Participation in the Pervasive Developmental Disorder Waiver Program form</li> <li>• The W-9</li> <li>• The Medicaid Enrollment Form</li> <li>• The EIBI Certification Letter</li> </ul>
G10-33	Individuals / entities that become approved providers of EIBI services submit required data to the child's Case Manager and the Autism Division within the timeframes specified	<p>Review the child's records to determine the date services began and look for data reports that correspond to that date:</p> <ul style="list-style-type: none"> <li>• Progress reports: must be submitted monthly and demonstrate/document that drills are conducted as scheduled</li> <li>• Data reports: must be submitted quarterly and contain cumulative graphs of target areas demonstrating progress or areas of concern</li> </ul>
G10-34	Individuals / entities that become approved providers of EIBI services submit required assessments to the child's Case Manager and the Autism Division within the timeframes specified	<p>Review the child's records to determine the date services began and look for assessments that correspond to that date:</p> <ul style="list-style-type: none"> <li>• Assessment of Basic Language and Learning Skills (ABLLS): must be submitted semi-annually per the initial assessment date</li> <li>• Peabody Picture Vocabulary Test (PPVT) and Vineland: must be submitted annually per the initial assessment date</li> </ul>

G-11	Community Supports Waiver	Guidance
G11-01	Assessment(s) justify the need for all COMMUNITY SUPPORTS Waiver services included on the plan	<p>Review the Plan, DDSN Service Coordination Annual Assessment, and service notes to ensure that all COMMUNITY SUPPORTS Waiver services included on the Plan are supported by assessed need.</p> <p>Source: COMMUNITY SUPPORTS Waiver Manual</p>
G11-02 R	<b>The Plan includes COMMUNITY SUPPORTS Waiver service/s name, frequency of the service/s, amount of service/s, and provider type for service/s</b>	<p><b>For each waiver service received by the person, the plan must document the need for the service, the correct waiver service name, the amount, frequency, and the provider type (refer to the COMMUNITY SUPPORTS Waiver Document for provider types/Chapter 2, CSW Manual)</b></p> <p><b>Source: COMMUNITY SUPPORTS Waiver Manual</b></p>
G11-03	The Freedom of Choice Form is Present	<p>Review the record of those enrolled or re-enrolled during the review period (this is not to include the “back-up” record) to ensure that Freedom of Choice Form is present in the record. The form must be checked to indicate choice of waiver services in the community over institutionalization, completed (properly filled out), and signed by the waiver participant or his/her legal guardian (if applicable).</p> <p>For forms completed during the review period, if the waiver participant is over age 18 and not adjudicated incompetent but is physically unable to sign the form, the form and the service notes should indicate why signed choice was not obtained. If the person has reached the age of majority since waiver enrollment during the review period and has not been adjudicated incompetent, the waiver participant must either date and sign a new Freedom of Choice form or sign and date the original Freedom of Choice form documenting choice of waiver services in the community over institutionalization. This should be completed within 90 days of their 18<sup>th</sup> birthday.</p> <p>Note: Look at only those enrolled, re-enrolled or who turned 18 during the review period.</p> <p>Source: COMMUNITY SUPPORTS Waiver Manual</p>
G11-04 R	<b>The most current Level of Care Determination is dated within 365 days of the last Level of Care determination and is completed by the appropriate entity</b>	<p><b>Review the most recent and previous Level of Care evaluations to ensure that recertification occurred within 365 days. Initial ICF/MR evaluations are requested from SCDDSN's Consumer Assessment Team. Re-evaluations are completed by Service Coordinators for all consumers except for those persons whose eligibility determination is "Time-Limited", "At Risk" or "High Risk". The Consumer Assessment Team must complete these evaluations. If the re-evaluation was not completed by the Consumer Assessment Team, then the Level of Care is not valid. The date the Level of Care re-evaluation is completed is the effective date. Therefore, if the Level of Care Re-evaluation was completed on July 3, 2008 the effective date would be 7/3/08 with an expiration date of 7/2/09.</b></p> <p><b>Note: Look only at timeframes and who completed it.</b></p> <p><b>Source: COMMUNITY SUPPORTS Waiver Manual</b></p>
G11-05	The current Level of Care is supported by the assessments and documents indicated on the Level of Care determination	<p>Review the most current LOC determination and compare it to information in the assessments/documents referenced as sources for the Level of Care evaluation to determine if documentation supports the current Level of Care assessment.</p> <p>Note: Look only at lines on the LOC Assessment</p>

		Source: COMMUNITY SUPPORTS Waiver Manual
<b>G11-06 R</b>	<b>The Current Level of Care is completed appropriately</b>	<p><b>Review the most current LOC determination to ensure all sections of the LOC Determination Form are complete.</b></p> <p><b>Note: Ensure that all areas are complete or checked.</b></p> <p><b>Source: COMMUNITY SUPPORTS Waiver Manual</b></p>
G11-07	Documentation is present verifying that a choice of provider was offered to the person/ family for each COMMUNITY SUPPORTS Waiver service	<p>Review the service notes and the person's Plan to determine if the person was given a choice of provider of service each time a service need was identified/ authorized.</p> <p>Source: COMMUNITY SUPPORTS Waiver Manual</p>
G11-08	Acknowledgment of Rights and Responsibilities (CSW Form 2) is completed annually	<p>Review the record to ensure that the Acknowledgement of Rights and Responsibilities is present. Review signature dates (signed by person or legal guardian, if applicable) on the current and previous forms to ensure they have been completed annually (within 12 months of the previous form).</p> <p>Source: COMMUNITY SUPPORTS Waiver Manual</p>
G11-09	COMMUNITY SUPPORTS Waiver services are provided in accordance with the service definitions	<p>Review Service definitions in the COMMUNITY SUPPORTS Waiver document for each service that the person is receiving. Review the person's Plan, service notes and relevant service assessments to ensure that services are being provided according to the definitions.</p> <p>Source: COMMUNITY SUPPORTS Waiver Manual</p>
G11-10	COMMUNITY SUPPORTS Waiver services are received at least every 30 days	<p>Review service notes and Plan to ensure that the person has received or is receiving at least one COMMUNITY SUPPORTS Waiver service every 30 days during the review period. A service must be received at least every 30 days. If at least one service was not received every 30 days, the person should have been disenrolled from the Waiver.</p> <p>Source: COMMUNITY SUPPORTS Waiver Manual</p>
G11-11	Service needs outside the scope of Waiver services are identified in Plans and addressed	<p>Review the Plan, service notes, and other documentation in the record to ensure that the Service Coordinator has identified and addressed all service needs regardless of the funding source.</p> <p>Source: COMMUNITY SUPPORTS Waiver Manual</p>
G11-12	Authorization forms are completed for services as required, prior to service provision	<p>Review the person's budget and Plan to ensure that Authorization for Services forms are present and note a "start date" for services that is the same or after the date of the Service Coordinator's signature.</p> <p>Source: COMMUNITY SUPPORTS Waiver Manual</p>
G11-13	Service notes reflect monitorship within the first month of the start of an ongoing COMMUNITY SUPPORTS Waiver service or provider change	<p>Review the Plan, service notes, and service authorizations to determine if the person began receiving a new ongoing service and/or the person changed providers of a previously received ongoing service. If so, review service notes, the Plan and other documentation in the record to determine if service or provider change was monitored within 1 month.</p>

		Source: COMMUNITY SUPPORTS Waiver Manual
G11-14	Service notes reflect monitorship within the second month from the start of an ongoing COMMUNITY SUPPORTS Waiver service or provider change	<p>Review the Plan, service notes, and service authorizations to determine if the person began receiving a new ongoing service and/or the person changed providers of a previously received ongoing service during the review period. If so, review service notes to determine if service or provider change was monitored within the second month.</p> <p>Source: COMMUNITY SUPPORTS Waiver Manual</p>
G11-15	Service notes reflect on-site monitorship of In-Home Support services and Personal Care while service is being provided. This monitorship must occur within 1 month of the start of service (within 2 weeks of start of In-Home Support Services) or provider change and once yearly unless otherwise noted by supervisor exception and documented approval	<p>Review service notes, the Plan, and other documentation in the record to determine if documentation is available to support that an on-site visit was provided as required for each applicable Waiver service the person is receiving. If an exception is noted, documentation must be available noting why and must be only for extreme circumstances (i.e., the service is only provided in extremely early or late hours).</p> <p>NOTE: If service is provided before 7 am or after 9 pm, on-site monitorship is not required.</p> <p>Source: COMMUNITY SUPPORTS Waiver Manual</p>
G11-16	Service notes reflect monitorship with the recipient within 2 weeks of a one-time service and reflect the service was received	<p>Review service notes, the Plan and service authorizations to determine if the any one-time services were received during the review period. If so, review the service notes to determine if the service was monitored within 2 weeks of receipt to determine if the person received the service.</p> <p>Source: COMMUNITY SUPPORTS Waiver Manual</p>
G11-17	Services notes reflect an on-site monitorship of environmental modifications within 2 weeks of completion	<p>Review service notes, the Plan, and service authorizations to determine if an environmental modification was completed during the review period. If so, review the service notes to determine if the modification was seen by the Service Coordinator within 2 weeks of the completion date.</p> <p>Source: COMMUNITY SUPPORTS Waiver Manual</p>
G11-18	Service notes reflect an on-site monitorship of private vehicle modifications within 2 weeks of completion	<p>Review service notes, the Plan, and service authorizations to determine if a private vehicle modification was completed during the review period. If so, review the service notes to determine if the modification was seen by the Service Coordinator within 2 weeks of the completion date.</p> <p>Source: COMMUNITY SUPPORTS Waiver Manual</p>
G11-19	For any one-time assistive technology item costing 1500.00 or more, the Service Coordinator has made an on-site visit to observe the item	<p>Review service notes, the Plan and service authorizations to determine if any one-time assistive technology item costing over \$1500.00 was provided during the review period. If so, review the service notes to determine if the item was seen in the recipient's possession by the Service Coordinator.</p> <p>Source: COMMUNITY SUPPORTS Waiver Manual</p>
G11-20	The Person/Legal Guardian (if applicable) was notified in writing regarding any denial,	<p>Review service notes to determine if during the review period any Waiver services were reduced, suspended, terminated, or denied. If this is noted, then review the service notes to determine if the person/legal guardian was notified in writing regarding the denial,</p>

	<p>termination, reduction, or suspension of  <b>COMMUNITY SUPPORTS</b>          Waiver services with          accompanying          reconsideration/appeals          information</p>	<p>suspension, termination or reduction of the service and provided with the appropriate reconsideration/appeals process.          Note: If the person requests to discontinue, suspend, or reduce the service, this Indicator is N/A.</p> <p>Source: <b>COMMUNITY SUPPORTS</b> Waiver Manual</p>
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## RESIDENTIAL OBSERVATION

July 2010 through June 2011

This tool is to be used by the Quality Assurance Reviewer to gather information to determine whether or not a provider is meeting requirements in the areas listed below. Information may be gathered from interactions with staff and people who receive services, by observations, and/or record review. If observation/discovery shows that the provider is meeting the requirement, a score of “Met” will be recorded. If it is determined that the provider is not meeting the requirement, a score of “Not Met” will be recorded.

	Area	Suggested sources for evidence	Comments	Met	Not Met
1	Health status and personal care needs are known and people are provided the type and degree of CARE necessary to address those needs appropriately	<p>Via interview of staff, people, review records, observation) determine whether or not the following is occurring:</p> <ul style="list-style-type: none"> <li>• Medical conditions /health risks are known and needs are adequately addressed as outlined in the support plan.</li> <li>• Prescribed medications are known.</li> <li>• Potential side effects are known and the actions to take if side effects are noted.</li> <li>• Risks are identified and addressed appropriately (elopement, self-injurious behavior, seizure activity, etc.)</li> <li>• Food provided meets the dietary requirements (restrictions, special preparations)</li> <li>• People receive routine health care and dental exams.</li> <li>• People are referred to specialists for evaluations of seizures, GERD, orthopedic problems, etc.</li> <li>• There are no issues with accessing quality care.</li> <li>• A system is in place to address acute illness promptly and ensure appropriate follow up and staff are knowledgeable about that system.</li> </ul> <p>Interview people to determine if they:</p> <ul style="list-style-type: none"> <li>• are supported to choose their healthcare providers</li> <li>• make their own appointments if they are capable</li> <li>• are informed about the medications they are taking and why and possible side effects.</li> <li>• People are supported to be clean and well groomed.</li> </ul>		<input type="checkbox"/>	<input type="checkbox"/>

2	People are provided the degree and type of SUPERVISION necessary to keep them safe but not unnecessarily restricted	<p>Through conversation with staff and observation, determine if:</p> <ul style="list-style-type: none"> <li>• Staff knows the person's capability for managing their own behavior.</li> <li>• Person has a plan of supervision.</li> <li>• Staff can describe the plan.</li> <li>• Plan is carried out appropriately. For example, if staff tells you that the person must be visually checked on the hour, observe to see whether or not that occurs and that it is documented as the plan specifies.</li> <li>• Supervision plans are individualized.</li> <li>• People are not receiving more supervision than they require.</li> <li>• Restrictive plans of supervision are reviewed and approved by HRC</li> </ul>		<input type="checkbox"/>	<input type="checkbox"/>
3	People receive assistance with acquisition, retention, or improvement in skills necessary to live in the community, consistent with assessed needs, interests/personal goals	<p>Ask the person to tell you what they are learning and how their goals were chosen. Is training meaningful to them? Is it related to their personal goals? Are they learning new skills? Has training resulted in them becoming more independent? What changes, if any have been made in their training?</p> <p>Are equipment/materials available to staff to implement plan?</p> <p>If applicable, this includes the individual's formal behavior support plan. Determine the staff's knowledge of the content of the plan including the targeted behaviors, interventions and replacement behaviors. Ask staff how they were trained on the behavior support plan.</p> <p>Are behavioral incidents being documented according to the behavior support plant?</p> <p>How effective is the behavior plan? How often does the behavior support person monitor the plan?</p>		<input type="checkbox"/>	<input type="checkbox"/>
4	People are SAFE	<p>Observe to see if any unsafe conditions are apparent.</p> <p>Are emergency numbers posted/readily available?</p> <p>Are fire drills conducted with individualized supports if needed i.e. flashing lights for people who cannot hear the alarm, etc.?</p> <p>Are people trained on emergency procedures? Ask how they would react</p>		<input type="checkbox"/>	<input type="checkbox"/>

		<p>if a fire, tornado, etc. happened.</p> <p>Ask staff what their responsibilities are in responding to emergency situations.</p> <p>Are staff familiar with safety equipment and how to operate it?</p> <p>Have modifications been made to facilitate safety based on person's needs i.e. grab bars, ramps, etc.</p> <p>Ask people if they feel safe in the home.</p>			
5	People are treated with DIGNITY AND RESPECT	<p>Are people listened to and responded to promptly.</p> <p>Is there interaction between staff and the people who receive services?</p> <p>Are people addressed in their preferred way?</p> <p>Are people extended the same courtesies that anyone would expect?</p> <p>Are personal needs attended to in private?</p> <p>Do people feel they are listened to?</p> <p>Do supports provided emphasize people's capabilities rather than their disabilities or differences?</p> <p>Are people provided meaningful activities and training opportunities?</p> <p>Are people supported to dress, style their hair, the way they prefer?</p>		<input type="checkbox"/>	<input type="checkbox"/>
6	People are supported to learn about their RIGHTS and exercise the rights that are important to them	<p>Ask staff if they are trained to respect people's individual rights.</p> <p>How is knowledge of rights assessed and how rights training is done? Ask people if they know what their rights are and if anyone has ever talked with them about rights.</p> <p>Ask people how their money is handled and whether or not they are satisfied with the process. Do they know how much money they earn or where their funds come from? Do they know where it is kept and how to access it?</p> <p>Are people able to access personal possessions?</p> <p>Do they have a key to their room and the house if they so desire?</p> <p>Observe to see if people move freely throughout the home.</p> <p>If there are house rules, were the people involved in the development of them?</p> <p>Are there locks on cabinets, pantries, etc.?</p> <p>Do people have access to money/belongings and a place to secure them?</p> <p>Are people encouraged to advocate for themselves?</p> <p>Are people supported to have choices (bedtimes, mealtimes, activities, etc.)?</p>		<input type="checkbox"/>	<input type="checkbox"/>



		<p>Do people have opportunity for privacy? Spend time alone if they so desire. Open their own mail? Is information about the person kept confidential? If rights are restricted, is Due Process afforded? Do people attend Human Rights Committee meetings and actively participate in decisions that affect them?</p>			
7	Staff know and implement the procedures for ABUSE and people are supported to know what abuse is and how and to whom to report it	<p>Do staff know what constitutes abuse and how to report? Does training include prevention? Are people who receive services trained on abuse? Ask if people know what abuse is. What would they do if they were abused? Would they know how to report? To whom would they report? Ask staff what happens when abuse occurs? Does the person who is abused receive appropriate follow-up (medical care, counseling, information about the resolution)?</p>		<input type="checkbox"/>	<input type="checkbox"/>
8	Does the provider have a process to determine whether or not people are SATISFIED with services?	<p>Ask staff how they know whether or not the people they work with are satisfied with the services they provide them. What concerns have been expressed? Ask staff and people served to explain the process for expressing a complaint. Ask people if they have had a complaint and what they did about it. Was it resolved in a timely manner and to their satisfaction? Determine if the supports provided are meeting the expectations of the people served.</p>		<input type="checkbox"/>	<input type="checkbox"/>

9	STAFF can describe their roles/ responsibilities in supporting people	<p>What do staff view as their most important responsibility?</p> <p>Do they view themselves as care givers or support providers?</p> <p>Are staff trained to recognize each person as an individual and to promote dignity and respect?</p> <p>Do they support people in achieving personal goals?</p> <p>Do they offer choice in services/supports?</p> <p>Do they understand confidentiality policies and protect consumer information?</p> <p>Ask staff to describe the training are they provided to assist them in performing their roles. Do they feel they are adequately prepared?</p> <p>Determine the staffs' understanding of what to do in the following situations:</p> <p>Medication assistance</p> <p>Health emergencies involving people</p> <p>Infection control</p> <p>Proper positioning</p> <p>Transportation safety</p>		<input type="checkbox"/>	<input type="checkbox"/>
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